NARCOTICS TRAFFICKING AND ABUSE IN THE LOS ANGELES AREA

HEARING

BEFORE THE

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL HOUSE OF REPRESENTATIVES

NINETY-NINTH CONGRESS

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(99th Congress)

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FRIDAY, OCTOBER 31, 1986

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL,
Washington, DC.

The Select Committee met, pursuant to call, at 9:15 a.m., at City Hall, Los Angeles, California, Hon. Charles B. Rangel (chairman of the Select Committee on Narcotics Abuse and Control) presiding.

Present from the Select Committee on Narcotics Abuse and Control: Representatives Charles B. Rangel, Mel Levine and Stan Parris.

Present from the Committee on Education and Labor: Representatives Augustus Hawkins and Mervyn M. Dymally.

Present from the Subcommittee on Treasury, Postal Service, and General Government, Committee on Appropriations: Representative Edward R. Roybal.

Present from the Committee on Appropriations: Representative Julian Dixon.

Staff present: John T. Cusack, chief of staff, Select Committee on Narcotics Abuse and Control; Elliott A. Brown, minority staff director, Select Committee on Narcotics Abuse and Control; Edward H. Jurith, counsel, Select Committee on Narcotics Abuse and Control; and Rebecca L. Hedlund, executive assistant, Select Committee on Narcotics Abuse and Control.

Mr. RANGEL. We are waiting for Congressman Roybal.

While we are waiting, I want to thank Pat Russell for opening up this beautiful building to this joint committee hearing.

The House Select Committee on Narcotics is holding this hearing in conjunction with the Committee on Education and Labor, as well as the Subcommittee on Treasury, Postal Service and General Government of the Committee on Appropriations.

Augustus Hawkins is the Chair of that Education Committee and Ed Roybal is the chairman of the Subcommittee on Treasury.

So reporters who are interested as to whether or not there were some political implications as to the hearing falling on the eve of the election, I assure the reporters that Stan Parris, Republican from Virginia, and I, running in New York, will have little to gain in your great city by having hearings today, but the truth of the matter is that for many, many months, we have scheduled hearings in Los Angeles, but because of the legislative agenda and because, as you can see, there is more than one chairman involved, it has been very difficult for these Members of Congress—they have

agreed to remove themselves from their campaigns in order to make certain that this scheduled hearing did take place even though we are in recess.

So it is a real great honor for me to recognize Chairman Augustus Hawkins because in the recently signed into law bill that the House passed, a substantial amount of the moneys that are appropriated is the result of the legislative work that was done by the Committee on Education chaired by Congressman Hawkins.

[The opening statement of Mr. Rangel appears on p. 67.]

Mr. RANGEL. Mr. Hawkins?

Mr. HAWKINS. Thank you, Mr. Chairman.

I certainly want to express my great pleasure and that of the Education and Labor Committee in joining with Mr. Roybal and the Appropriations Committee and with you from the Select Committee in this hearing.

I think probably the contribution which has been made in terms of emphasizing education is one of the principal ones we have made in fighting drug abuse.

Currently we are spending about $3 million on drug abuse education and prevention and as a result of the passage of this act, we will increase that to $200 million in the next fiscal year and then $250 million a year thereafter.

Obviously that is a very, very small amount, but at least it is a step in the right direction. I think it would add tremendously if we began at the beginning and began to reach young individuals in elementary school to change the behavior so that we can reduce the demand for drugs.

I am very pleased at what was done in this connection. I would also like to pay a special tribute to you, Chairman Rangel, for having accommodated those of us who represent districts in Los Angeles.

I know that it is a sacrifice for you to have left the State of New York on an important weekend such as this. We have been trying, as you say, for several months to get you to come out to Los Angeles and we are very, very pleased you have responded to our request.

We certainly want to pay a special tribute to you. I think the hearing today will add much to your knowledge of the subject in terms of various areas of Los Angeles.

Certainly we know there are exemplary programs operating throughout the area and if we can identify some of those programs and then replicate them, then I think this hearing will have been worthwhile and we owe I think to you a personal indebtedness.

Thank you very much.

Mr. RANGEL. The Chair would like to recognize Chairman Edward Roybal. Certainly no Member of Congress has done more in highlighting the importance of not only having drug prevention treatment programs, but also the appropriate funds that are necessary, and I would like to publicly thank your staff, Congressman Roybal, for the hospitality that they have extended to the committee and without whose help this hearing would not have been possible.

Mr. ROYBAL. Mr. Chairman, thank you.

I am sure that you can guess that you are now in my district. I would like to welcome you and the Members of the House of Representatives who are here at this hearing, welcome you to not only my district, but to the center of a great city that is most grateful for the fact that you are here today looking into the problems of narcotics and ways of combatting them.

I have been involved with this endeavor as have other Members of the House in attempting to do everything possible to fund the various departments that deal with narcotic addiction.

As you know, last year the Appropriations Subcommittee I chaired the Treasury-Postal Service Subcommittee, recommended an amount that was $1.2 billion more than the President had recommended. That money was to be used for two agencies of importance, one of which was the U.S. Customs Service the lead agency dealing with the interdiction of narcotics at points of entry. Both Houses of Congress accepted our recommendation when they passed the appropriations bill.

The President vetoed that bill, but the House of Representatives placed that amount in the continuing resolution. We were able to continue the funding that was necessary for that purpose.

We have gone through the same thing this year and again the House of Representatives and my colleagues from California answered in a positive manner and made it possible for us to include again in the continuing resolution the amount of money that was necessary for drug interdiction.

That, ladies and gentlemen, is really not enough. A great deal more has to be done, because narcotic addiction is undermining the moral fiber of this nation. A great deal more has to be done on the part of parents, on the part of teachers, religious leaders, the medical community, and all those concerned with the quality of human life. That includes the Members of Congress.

That is why this committee is here today, hoping that we can respond a little bit to the puzzle that we find before us, and get some ideas about what we can do to be sure that narcotic addiction does not take hold any more than it already has in this country.

Let's do everything we possibly can and use every tool at our command, but I feel we should place the most emphasis on education.

Again, Mr. Chairman, I would like to thank you and members of the committee for being present today.

Mr. RANGEL. The efforts of this joint committee are clearly a bipartisan effort and the Chair would like to recognize Congressman Stan Parris from Virginia, representing the minority.

Mr. PARRIS. Thank you very much, Mr. Chairman.

Mr. Chairman, I have a statement which I will not take the time of the witnesses to read. I ask unanimous consent that my entire statement be inserted in the record.

Mr. RANGEL. Without objection.

[The opening statement of Mr. Parris appears on p. 71.]

Mr. RANGEL. The Chair would like to recognize Members from this area who have worked hard in making certain we have these hearings. We have here, of course, Julian Dixon, Congressman Mel Levine, Congressman Mervyn Dymally, and at this point the Chair would recognize any member seeking recognition.

Congressman Levine?

Mr. LEVINE. Mr. Chairman, thank you very much.

I have a longer statement which I would ask unanimous consent to have included in the record.

Mr. RANGEL. Without objection.

Mr. LEVINE. I would like to make several brief comments at this point.

First, I would like to echo the thoughts of our colleagues here who have commented on your leadership and expressed their gratitude to you for holding these hearings, not just in Los Angeles today, but throughout the country.

I have had the privilege of working as a member of the Select Committee on Narcotics, which you chair during the entire time that I have served in the Congress and there is no person that I know of in public life who has been more committed to dealing effectively with the scourge of drug abuse than you.

It bears repeating that drug abuse remains one of the most serious problems facing this entire country.

All of us know, the terrible aspects of drug abuse: The wasted human potential of thousands of our citizens, its contribution to violent crime, the drain on valuable resources from our communities and the destruction of the lives of those who become enmeshed in a drug habit.

Although drug abuse cuts across all ethnic, class and age groups, young people are particularly affected.

According to estimates by the National Institute on Drug Abuse, nearly two-thirds of all high school seniors throughout this country have tried an illicit drug before they graduate. In fact, the drug abuse rates among America's youth are among the highest found anywhere in the world. These statistics are disturbing. Conducting hearings around the country underscores these problems to people not yet aware of the full extent of the problem.

Drug abuse is a particularly destructive problem here in Los Angeles.

As you have observed, the rates of emergency room admissions are increasing for cocaine and heroin-related incidents. Rates of PCP abuse are also reported to be particularly high in southern California and Los Angeles is being used by many drug dealers as a stop-over point for shipments of illegal drugs to other areas of the Western half of this Nation.

I am particularly concerned that drug education and drug treatment programs receive the full support that they require. The best opportunities to halt drug abuse are in eliminating the demand for drugs by educating our school age children before they become hooked and in treating drug abusers who wish to kick the habit.

But users seeking treatment are currently finding that help is not readily available.

Increasing numbers of cocaine and heroin users are seeking treatment in Los Angeles County, only to find long waiting lists to receive counseling or admission to treatment programs.

Budget cuts and freezes at the Federal, State and local levels have severely limited available treatment services for the poor and for the middle-class drug abuser. While cocaine abuse is increasing,

budget cuts have forced a one-third reduction in residential and outpatient treatment capacity here in Los Angeles.

In Los Angeles, users seeking treatment can be forced to wait for months for admission to county-supported clinics. Users unable to break the addiction without assistance continue to abuse drugs and to commit the crimes necessary to support their habits.

For some abusers, the way is too long and they die before receiving the treatment that they have needed.

I am pleased, Mr. Chairman, that in this last session, through your leadership, Congress took the historic step of passing the first comprehensive legislation to move toward combatting the scourge of illicit drug use infesting our nation.

A national policy on drug abuse is only only a first step. We cannot afford to relax our efforts now and I am pleased that so many members of the Los Angeles community are here to share their experiences and insights into the drug problem.

On our first panel, two very good friends are testifying: Sheriff Block, who has been in the forefront of this fight for many, many years, even before the time that he served officially as sheriff, and our district attorney, Ira Reiner, who has been involved in trying to crack down on the illicit use of drugs.

I look forward to hearing your input on your success, your frustrations, and your suggestions for Federal assistance in the front line of the war on drug abuse.

Again, Mr. Chairman, I want to thank you very much for bringing this committee to Los Angeles.

[The opening statement of Mr. Levine appears on p. 77.]

Mr. RANGEL. Mr. Dymally?

Mr. DYMALLY. Mr. Chairman, in the interest of time, I am not going to have very much to say except to extend to you and to my colleague on the District of Columbia Committee, Mr. Stan Parris, a welcome in Los Angeles to delve into this very, very serious effort and problem we are experiencing here and across the country.

So I am very pleased that we are cooperating in this significant hearing today to hear from the community folks and some of the officials who are concerned and who have the responsibility of putting an end to this epidemic.

So welcome to Los Angeles and thank you very much for this opportunity.

Mr. RANGEL. Thank you, Congressman.

I think it is safe to say that no community group has done more to bring us here than the South Central Organizing Committee and the United Neighborhood Organization. We join with you in applauding the good work that you are doing and I hope that the audience would abide by the Chair's rulings that displays of support toward this testimony by applause would not be consistent with the rules of the House of Representatives.

Having said that, the Chair recognizes Ms. Gwen Cordova, the Holy Spirit Episcopal Church, and cochairperson of the South Central Organizing Committee—that should be Catholic Church; Rev. Bryan Jones, Bethany Episcopal Church, and vice president, United Neighborhood Organization; Sheriff Sherman Block; and the well-known district attorney, Ira Reiner.

The Chair would ask your indulgence in restraining from applause during the hearing.

Thank you.

Ms. Cordova?

TESTIMONY OF GWEN CORDOVA, HOLY SPIRIT CATHOLIC CHURCH, AND COCHAIRPERSON, SOUTH CENTRAL ORGANIZING COMMITTEE

Ms. CORDOVA. I am Gwen Cordova, cochairperson of the South Central Organizing Committee. SCOC is a church-based organization with 25 member churches representing 44,000 families in south central Los Angeles.

SCOC, along with our sister organization, United Neighborhoods Organization, would like to thank our elected officials who were instrumental in setting up this hearing at our request, Congressman Ed Roybal, who has worked with us on other issues and saw the need for this hearing here in Los Angeles; and Congressman Augustus Hawkins who was also equally visionary.

Thank you, Chairman Rangel.

The ghoulish white faces you see here today are not dressed for Halloween, but are emphasizing the fact that Los Angeles, because of the drug situation here, has become the "City of the Living Dead."

The process by which we arrived at this conclusion started in March when the UNO and SCOC began conducting house meetings of 5 to 10 people where the concerns of the neighborhood were discussed. Of the 7,000 people involved, the number one concern was the drug situation.

One-hundred-sixty teenagers were arrested in a drug sweep of our high schools in October of last year.

We heard stories of a 15-year-old girl, Jodie Samuel, a choir member at the church who was shot down in a wild shooting spree by a person on drugs and died. She was on her way to school.

We also heard the story of the gang member who was shot in a fight over drug turf and died on the steps of Our Lady of Guadelupe Church in the arms of Father Joe Pina.

In July, research action teams were formed to discover what actions could be taken to correct the concerns that surfaced.

The UNO/SCOC drug research action team discovered that Los Angeles has become the drug capital of the United States and that California deserves it fair share of Federal antidrug resources and we should be on part with Miami and New York.

Local law enforcement is doing what it can. Chief Gates has funded the DARE program for the city from the police budget.

Sheriff Sherman Block has supported stronger legislation and sponsored a drug education program in the county called SANE.

District Attorney Ira Reiner worked for stiffer laws and stronger penalties, but without more Federal funds and support, there will be no relief.

We need all the pieces of the anti-drug posture to fit together to change Los Angeles from the "City of the Living Dead" to the "City of Life."

Mr. RANGEL. Again I will ask the audience please to restrain from applause and the Chair would recognize Reverend Jones of Bethany Episcopal Church.

TESTIMONY OF REV. BRYAN JONES, BETHANY EPISCOPAL CHURCH, VICE PRESIDENT, UNITED NEIGHBORHOOD ORGANIZATION, AND CHAIRPERSON, UNITED NEIGHBORHOOD ORGANIZATION ANTI-DRUG COMMITTEE

Reverend JONES. I am Father Bryan Jones, executive vice president of the United Neighborhood Organization and chairperson of the UNO Anti-Drug Committee.

UNO is a church-based organization representing 93,000 families on the eastside of Los Angeles.

UNO and its sister organization, the South Central Organizing Committee, have spearheaded the fight against drugs in Los Angeles over the past two years by working in concert with county and state officials to pass tough antidrug legislation and to fund programs that offer our youth an alternative to the street drug culture.

The international drug trade has indeed turned our region into the city of the living dead. In the first nine months of this year, the Los Angeles Police and sheriff departments have made over 42,000 drug arrests. Hundreds of our young people die each year as street gangs turn our neighborhoods into battle zones, as they fight for control of the new drug markets.

Our local law enforcement resources have been stretched beyond the breaking point, and to debate the Federal response has been inadequate. Just three statistics drive home this point.

In the New York City Office of the U.S. attorney, there are 225 prosecutors. They serve 13 million people approximately. For the seven-county central California office which covers L.A., there are only 65 prosecutors.

Los Angeles has 100 to 120 DEA agents. Miami and New York each have 300.

Over the past 5 years, there has been a 30-percent decrease in the number of beds available for drug rehabilitation in Los Angeles due in part to Federal cutbacks.

Today, UNO and SCOC call upon this committee to pursue two desperately needed counterattacks to the City of the Living Dead.

First, Federal funding is laudable, but must be seen only as a first downpayment. Long-term financial commitment is needed if this war is to be done, and funding must be put in place for periods of 10 to 15 years.

Second, we call for a Federal drug audit that should be conducted by the General Accounting Office to determine the following:

One, the effectiveness of Federal agency and block grant-funded antidrug programs.

Two, to determine if Federal antidrug resources are being allocated across the country according to the needs of a given region; and

Three, objective criteria for funding and allocation.

Those criteria are the first step in forming a national drug strategy which is coordinated and the objective arrived at.

Increased long-term funding and a Federal drug audit together can generate a fair and effective national drug strategy and both are critical, and fair allocation and increased funding because Los Angeles does not want to benefit at another region's expense.

Southern California is in its present crisis in part from the lack of such a coordinated, increased national drug strategy. For example, the isolated Federal crackdown in south Florida has shifted smuggling routes through Mexico into California.

What is needed is not to continue to shift pieces on a board with too few players, but what is needed is a coordinate national attack on drugs with the money, personnel and determination needed to succeed.

Thank you.

[The statement of Reverend Jones appears on p. 80.]

Mr. RANGEL. Mayor Tom Bradley's testimony will be entered into the record, without objection.

[The statement of Mayor Bradley appears on p. 82.]

Mr. RANGEL. Sheriff Block?

TESTIMONY OF SHERMAN BLOCK, SHERIFF, COUNTY OF LOS ANGELES

Mr. BLOCK. Thank you, Mr. Chairman.

I would like to begin by stating I have had the opportunity to testify before many subcommittees of the Congress, and I have never seen one with so many distinguished congressional Representatives, which tells me that there truly is a great deal of concern relative to this problem of drug abuse.

It is no surprise to us that Los Angeles County is in the forefront of the illicit drug industry and is quickly becoming the drug capital of the world and more specifically because of the volume of cocaine that is coming into our area we have become the nose of the nation.

The Los Angeles County sheriff's department has long recognized the insidious threat posed by growing drug abuse problems and we have been waging our own war on drugs for a number of years.

The enemies in our war include but are not limited to cocaine, heroin, marijuana, Methamphetamine, and these are the most frequently trafficked drugs in Los Angeles County with sources of supply as diverse as the list of drugs themselves.

Today, cocaine is the primary drug of choice in Los Angeles County. Traffickers have capitalized on the demand for cocaine and have established sophisticated networks for international distribution.

The primary source countries are Peru, Bolivia, and Colombia However, other countries such as Ecuador and Brazil have also begun cultivating, processing, and distributing cocaine.

Cocaine is in such plentiful supply in this area that the average price has gone from $65,000 a kilo in 1981 to an average price of $21,000 a kilo in 1986.

Colombia continues to be the principal processing and distribution center to the United States with Colombian nationals as the principal wholesalers of the drugs.

From all indications, we believe that much of the cocaine entering the country is now arriving via the Mexican Border. Seizures in the southern California area would tend to support this contention, as approximately 6 tons of cocaine have been confiscated in this area so far in 1986 alone.

Heroin continues to be a concern in Los Angeles County. There are approximately 490,000 heroin addicts in the United States and an estimated 94,000 to 97,000 of those people reside in Los Angeles County.

Mexican "Black Tar" heroin has been available in southern California for approximately the last 10 years, and has become the heroin of choice in this area during the last 2 to 3 years.

The predominant conveyance method for bringing heroin into Southern California from Mexico is ground transportation, primarily by automobiles, trucks, buses and pedestrian traffic.

Marijuana use appears to be declining somewhat. However, it cannot be overlooked or taken for granted because it remains a "gateway" drug providing a socially accepted way for youngsters to be initiated into drug use.

Los Angeles leads the country in the manufacturing of PCP. The numbers of clandestine laboratories and seizures have been increasing.

During the last two months, we have been involved in several large PCP seizures, including 25 pounds of crystal and 5 gallons of liquid PCP in one case and 11 kilos of crystal PCP in another case. These two seizures alone are sufficient to provide users with 1,192,550 doses of deadly PCP.

A large increase in the use and availability of amphetamines has been noticed in the county this year. The major manufacturers and distributors continue to be the outlaw motorcycle gangs.

The problems facing narcotic officers have become complex in the last 15 to 20 years. Drug users and dealers are no longer confined to any particular communities, but instead create a pervasive problem throughout southern California.

In the 1970's, seizures involving drugs with a street value of $10,000 were very newsworthy. Today, the seizure of a kilo of cocaine, worth approximately $400,000 in the street, is commonplace and gets little attention.

The drug industry involves persons from all economic, ethnic, and cultural groups and is a multi-billion dollar business, supporting to a significant degree the economy of many Third World countries.

A staggering $373 million in cash and assets, not including drugs, seized by DEA in fiscal year 1986 support this contention. That is an average of over $1 million per day, seized by DEA alone.

The sheriff's department's approach to the war on drugs is multifaceted. We recognize the necessity to continue with a strong local enforcement effort, but other areas also need to be addressed:

The demand for narcotics in the United States is, of course, the heart of the problem. One hope for diminishing the demand for narcotics lies in the education of young people. Drug prevention programs must become commonplace in every school in America with government and the private sector taking an active role in providing for the future of our young people.

In my own department, we have programs operating in 216 schools in 41 different school districts. I have yet to receive 5 cents of government funding to conduct those programs.

I have taken deputy personnel, have diverted them from other responsibilities, and have relied upon private sector funding for equipment and supplies necessary to support that program.

There must be an increased interaction and cooperation between enforcement agencies at all levels of government. Task forcing, sharing of intelligence, and regionalizing of efforts is mandatory if there is to be an impact on major drug dealers.

Successful seizures of assets and cash of drug dealers is a means of crippling large drug organizations. We need to expand our efforts in this aspect of narcotic enforcement. The necessary additional manpower and resources needed could be offset by the revenue recovered.

However, Federal agencies are having difficulty in keeping up with the demand for their services in this regard. The timely return of the seized assets would allow for their use in combatting the problem.

The United States must regain control of our borders, which are now the primary point for the importation of drugs into the United States.

Military personnel could play an integral part in securing our borders, as well as controlling our offshore waters and coastline. We would not hesitate for a moment to send the military to our borders if enemy troops threatened. Yet, the simple reality is that no country in the world could ever mobilize enough troops to equal the devastation created by the flow of illicit drugs across our borders.

The United States must increase its pressure on source countries for the eradication of narcotic-producing crops. Where there is a lack of cooperation, we must impose diplomatic and economic sanctions against those governments.

Special emphasis should be given to Mexico, where reports of official complicity in drug activity is rampant, and Colombia, where today they are considering tax amnesty for drug traffickers who have amassed fortunes estimated to be up to $60 billion U.S. dollars.

As in any war, if we are to win this war against drugs, we must mobilize all of our resources and assume the offensive against the energy.

Anything less than total commitment, and I can assure you the war will be lost.

Mr. RANGEL. Thank you, sheriff.

In order to have the Members keep their schedules, the Chair would ask that the witnesses restrict their testimony to five minutes and their entire testimony will be entered into the record.

[The statement of Mr. Block appears on p. 92.]

Mr. RANGEL. We welcome the testimony of District Attorney Ira Reiner of the County of Los Angeles.

TESTIMONY OF IRA REINER, DISTRICT ATTORNEY, COUNTY OF LOS ANGELES

Mr. REINER. Mr. Chairman, members of the committee, I am Ira Reiner, the district attorney of Los Angeles County.

In the brief time available to me, I would like to speak to three aspects of the narcotics trafficking problem in Los Angeles:

First, the scope of the problem;

Second, what we are doing locally; and

Third, some specific things the Federal Government can and should be doing to combat the problem.

I would like to note that in discovering the drug problem, the national media has pounced on the obvious with a great sense of original discovery.

In fact, the national media was only reporting stories that had for years been covered in all its ugly detail by local media. But now it is becoming increasingly fashionable to take a revisionist view of drugs and drug trafficking.

As soon as the scope of the problem was discovered and exposed by the national media, there was almost immediately a countermovement within the same media that the problem had been blown out of proportion, that the problem of drug abuse has been exaggerated.

I would suggest that the story of drug abuse in this country only seems to be overreported because for so long it was underreported and it is important in examining this issue to understand that any suggestion that illegal and dangerous drugs have not permeated this community and this nation and threatened our society is wishful thinking by those who simply don't know the facts.

I would like to note that this revisionist view is no where in evidence on this committee and that we in law enforcement are encouraged by the serious view taken by this committee of this serious national problem.

The supply of narcotics, particularly cocaine, coming into California by way of an open border and through our harbors is larger than ever.

A specific example: Four years ago, the price of a kilo of cocaine was around $60,000 and today the same quantity sells for less than $20,000. This dramatic reduction in price is the result of the incredible increase of supply of narcotics that has come in.

To the fact of huge supply and the availability of cocaine and other drugs needs to be added another dimension.

In Los Angeles County, there are over 400 street gangs with a membership of around 50,000.

Los Angeles is the street gang capital of the United States and I say this, as you might surmise, with no sense of local pride. Street gangs once concerned primarily with matters of turf have now entered the narcotics market so that principal areas for narcotics dealing are controlled here in Los Angeles by street gangs.

They are well armed with automatic and semiautomatic weapons and sawed-off shotguns and are highly mobile, relying on car phones and beepers to make sure that potential buyers are serviced.

The Uzi machine gun is becoming the weapon of choice and becoming as commonplace as the "ghettoblaster." You can well imagine the impact of street gangs taking over a multimillion dollar drug trade.

Suffice it to say that street gangs killings are now routinely a part of life in Los Angeles.

What are we doing about the problem? In the district attorney's office, we have a task force concentrating on prosecution of gang members and trying to break up the gangs.

We have a major narcotics enforcement program which focuses on major narcotics dealers and we have established a narcotics trafficking enforcement program which focuses on the so-called "small time" street dealer, through which most of the narcotics are marketed here.

We have asked the courts to establish special narcotic courts to deal with narcotic offenders.

I have invited California's urban district attorneys to a meeting on drug enforcement to consider strategy in combatting the problem.

Part of what that meeting will concentrate on are recommendations to the Federal Government for action, but before we meet, there are certain things I can say with confidence that should be on our agenda.

Our office has conducted extensive research into the Federal resources being utilized to combat narcotics trafficking and while we were able to obtain some information, it is incomplete and I ask that this committee obtain an audit of resources by the GAO. That way we will know exactly what the Federal Government is doing in this particular area.

To us, it is unclear what the Federal Government is doing, although the distinct impression is that it is not doing enough, that there is a substantial gap between rhetoric and performance, and what is required is a major resource commitment focused on attacking the importation of drugs into this State and Nation.

It is recognized that to combat narcotics trafficking, there are three levels of enforcement available: eradication, interdiction, and local arrest and prosecution.

We are making efforts at the third level, but local law enforcement is merely shoveling against the tide if the Federal Government is not committed to eradication and interdiction, which is clearly within the Federal Government power and authority.

With proper commitment, Federal interdiction would compliment local enforcement, and then we would begin to make a difference on the drug trade, and then on our neighborhoods and in our schools.

Thank you.

[The statement of Mr. Reiner appears on p. 99.]

Mr. RANGEL. I thank the panel for a balanced overview on the serious nature of the drug problem and its impact on the people of Los Angeles. That is thoughtful testimony.

Mr. Dixon?

Mr. DIXON. I would also like to thank the panel, and ask a question of perhaps the two nonprofessional members of the panel, Reverend Jones and Ms. Cordova.

In Sheriff Block's testimony, we touched upon one of the issues that Congress has been struggling with. That is basically the use of the military, interdiction problems or security. I understand the professional law enforcement officers' interest and support of that concept.

What is your opinion about the military, soldiers, and border interdiction, or some other military activity related to drugs?

Reverend JONES. We worked closely with Sheriff Block for a number of issues, and we have basic agreement what needs to be done at the border. UNO and SCOC might take a slightly different approach.

We believe it is necessary for the military to share equipment and technology, things like radar planes, listening devices, high-speed aircraft, and we think there needs to be a build-up of effort on the border.

We would prefer to see it done by those elements of the Federal Government which are already charged with that enforcement, but at present do not have things like the enforcement of Customs, DEA, Coast Guard, which ought to have the power of arrest, that we ought to take the professional law enforcement agencies of the Government and beef up their resources. More personnel, more equipment, greater technology need to be put in place at the border.

Ms. CORDOVA. I think that that would be a sensible use of what we already have, instead of putting military manpower. I don't believe the manpower is that necessary to use, but the technology, of course, can be shared.

Mr. DIXON. Thank you, Mr. Chairman.

Mr. RANGEL. Congressman Roybal?

Mr. ROYBAL. I would like to ask a question of the sheriff of L.A. County with regard to his statement that most of this junk comes in by ground transportation, automobile, bus, and private cars.

Now, when these cars come through the border, do they come through the actual ports of entry, or are there some secret ways that they are coming through?

Mr. BLOCK. Most of the truck, bus, auto transportation comes through the established border crossing points.

Mr. ROYBAL. Isn't it true that at these border crossings, there are not enough facilities to deal with the interdiction of narcotics, not enough dogs or personnel, so that each car can actually be looked into? Is that one of the problems?

Mr. BLOCK. There is no question that there is a tremendous deficiency in available resources at the border crossings. I think that is an absolute given.

Mr. ROYBAL. I thank you.

Mr. Reiner, I am very much concerned about something I was told during a hearing we held in Hawaii. I was told in no uncertain terms that there are more narcotics grown in California, in Hawaii, and in Florida than would ever come into the United States from other sources.

To what extent are narcotics grown here in California? I won't ask you about Hawaii, because I saw marijuana in Hawaii, and I have seen by air marijuana in Florida, but I have not seen it in California, am interested in learning more about this problem.

Is there such a thing going on?

Mr. REINER. Yes, of course, there is.

Mr. ROYBAL. We ought to be dealing with our own backyard to start with. What do you recommend that we do with regard to the growing of marijuana in California?

Mr. REINER. Well, I would agree partially with your statement. Obviously, something has to be done about the problem domestically. It is not a matter of first, you deal with it here and then elsewhere. This is a problem that has to be attacked on all fronts simultaneously.

Yes, there has to be an effort in those parts of the State where marijuana is grown, to eradicate it, and in source countries as well.

Mr. ROYBAL. Don't you think we could show the example and start eradicating in California, doing away with all this marijuana?

Mr. REINER. I certainly feel we have to set an example, indeed.

Mr. BLOCK. Mr. Roybal, first, almost all of this marijuana that has been grown in California, it is being grown on Federal lands in the national forests, and unfortunately, the effort that is being made to eradicate that is constantly under attack by the ecology groups, by persons who allege that that effort is destructive of the environment, when in reality, these persons who are the illegal cultivators of this marijuana have taken over Federal lands, restricted access to the general public, diverted streams to irrigate their lands, put out poisons, have used herbicides to destroy those growths that might interfere with their crops, yet the criticism goes toward the enforcement effort.

I would submit that there is a resistance to use things such as paraquat in this country, and I wonder how many of you gentlemen realize that paraquat is used freely in agriculture in this country, that all of the lettuce that we eat, the fields are treated with paraquat, yet we resist using this on marijuana because of some special interest program that seems to have had significant influence on that effort.

Mr. ROYBAL. Your statement is borne out by the Secretary of Agriculture, who says that the Forest Service indicates that 20 percent of the domestic marijuana is grown in the national forests, as against 5 percent 6 years ago, but that is only 20 percent.

Where is the other 80 percent that is not grown in the national forests?

Mr. BLOCK. In California, that number would probably be 80 percent. That is probably a national figure. The crop of northern California is almost exclusively grown in national forest land.

Mr. ROYBAL. Have you any recommendations as to what action we can take as Members of Congress, or what this committee can do? Please communicate those to us.

Mr. RANGEL. Mr. Levine?

Mr. LEVINE. Thank you, Mr. Chairman.

I would like to commend each of the panelists. I just have one specific question which can't be answered today, but I would like to raise it with Sheriff Block.

When you concluded your testimony, you outlined the different areas that we ought to be concerned about, and it sounded like you were listing the key sections of the drug bill we just passed.

While that is good news about the scope of the drug bill, it is also a reminder that we have further work on this issue.

I would appreciate if over the next several months you and your staff would look into the manner in which Congress has attempted to deal with the specific items you have mentioned in your testimony.

In light of your priorities listed here and the priorities of Congress included in the drug bill, would you give us your input on whether the legislation meets the criteria you have outlined, and whether there are still some legislative areas that need to be pursued further?

Mr. BLOCK. Very good.

Mr. RANGEL. Mr. Dymally?

Mr. DYMALLY. Sheriff, you stated that you were waging this fight against drug abuse without any Federal help. This new bill provides some grants for local law enforcement offices, and your Department needs to review that.

Mr. BLOCK. We will be waiting in line, I can assure you.

Mr. RANGEL. As pointed out by Congressman Dymally, it will be up to the individual agencies to convince the municipal and State officials as to the work in these projects, and we don't believe that this is the solution to the problem, but we all believe that this is the first time we have ever established a national strategy.

The administration was very reluctant to accept it, and so to a large extent the success of this problem is going to be dependent upon the type of leadership that is provided by the administration, but it is not a Federal program, so therefore, whatever you are doing in the areas of education and law enforcement, we want to make certain that you can provide the leadership for the rest of the country. Although the dollars will be limited, it may be for the first time they are there.

Mr. Hawkins?

Mr. HAWKINS. Sheriff, in your prepared statement, you mentioned drug prevention programs must become commonplace in every school in America. You also indicated that the Government and the private sector must play an active role in drug abuse education.

It seems to me that is a very remarkable statement. Did I understand you to say that you used Deputy Sheriffs in some of the programs in the schools?

Mr. BLOCK. Yes, sir, we have. At the present time, I have 23 sworn personnel who have been diverted from other assignments who are working with the school districts, with the classroom teachers to present these programs to the fourth, fifth and sixth grade students.

Mr. HAWKINS. Certainly that is commendable. However, do you have enough personnel that you can make people available, diverting them from other duties? Do you think that this is the responsibility of the sheriff's department? Is it a local responsibility? Or is it a responsibility that should be assumed in some way by the Federal Government as well?

Mr. BLOCK. To answer your first question, no, I do not have adequate resources so that I can afford this diversion of resources, but the reality is that we view the growing substance abuse as a single

greatest problem, not only facing this community, but this society, so it is a matter of establishing priorities.

And in response to your second question, whether it is a proper role for us, the answer is, nobody else was doing it so law enforcement has taken on that responsibility.

Mr. HAWKINS. It seems to me that this it is sort of shuffling resources around with no one actually assuming the major responsibility, and many levels of government perhaps ignoring their own responsibility.

Mr. BLOCK. I can give you an example, Congressman. This year, I had legislation introduced that would have diverted 5 percent of the lottery dollars for substance abuse education in the schools.

That recommendation was opposed by almost the entire education community, even the PTA, and their response was that these dollars are needed for traditional education. My response is that before you can educate, you must first create an environment in which learning can take place, and today in our schools, we do not have such an environment, and substance abuse is perhaps the primary causative factor in creating the negative environment that we do have.

Mr. HAWKINS. Thank you.

Mr. RANGEL. Mr. Parris?

Mr. PARRIS. One quick question for our two law enforcement gentlemen on the panel. This committee has found a frightening increase in the abuse of the substance of choice, the use of crack. Is that true in L.A.?

Is that an increasing problem, the use of that substance?

Mr. BLOCK. It perhaps started here. Here it is the rock cocaine. Somehow, people have focused on this issue of crack and rock cocaine which is taking place in certain communities within the greater community, and yet they seem to think that that is different than sniffing high-grade cocaine through a silver straw.

The reality is that when you are involved in the use of illicit drugs, you are a shareholder in the misery, corruption and all of the negative effects that this drug involvement has, whether it is crack, rock cocaine or high-grade cocaine through the silver straw, as I indicated.

Mr. REINER. I would echo the Sheriff's comments.

Mr. RANGEL. Let me again thank this panel, and ask you to really monitor our recently passed legislation. The success of that legislation is going to depend on what happens at the local and State level.

I cannot overemphasize that it is not a Federal program, a partnership program, and we just want to let you know that we appreciate the fact that you have been in the trenches over the years, and it is hopeful that your Federal Government will be partners in that effort.

I want to thank you for the very special work you are doing in this part of the country, and hope that you will keep in touch with our Select Committee on Narcotics, as well as the local Congress people.

For those of you in the audience, we will give you the address to write and submit your name and address of your organization, and those comments will be welcome.

The second panel is David Amitai and Martha Stewart, House of Uhuru; and Mike Watanabe, director of the Asian-American Drug Abuse Program; and V.G. Guiness, SEY YES, Inc.

Ms. Martha Stewart is not here. The Chair welcomes this panel. We hope we can get a little order in the hearing room. The statements will be made a part of the record, and we ask you to keep your statement to five minutes, and we will start off listening to Mr. David Amitai of the House of Uhuru.

Mr. Amitai?

TESTIMONY OF DAVID AMITAI, HOUSE OF UHURU

Mr. AMITAI. I would like to thank the committee for giving me this opportunity to present my first-hand experience in the treatment of drug addiction.

I am sure I will repeat some of the remarks earlier made, but I would like to give the committee some experience from the treatment standpoint in Los Angeles, and some of the human conditions——

Mr. RANGEL. Will you suspend for a minute? Please suspend conversations in the hearing room at this time. I am terribly sorry.

Mr. AMITAI. I am David Amitai, Director of the House of Uhuru's Residential Treatment Program. We have a large program of 65 beds, including pregnant women and infant children. I have been Director of the program now for six years.

During the past six years, there have been dramatic changes in substance abuse in Los Angeles. Six years ago, PCP was a major drug of abuse, today it is cocaine. Six and a half years ago, more men than women sought treatment, today an equal if not greater number of women seek treatment.

And lastly, 6½ years ago, we could help most people who applied for admission into our program. Today, due to the nature and epidemic spread of cocaine addiction, we can help only a small fraction of those seeking our services.

This is the area of my experience I wish to address to this committee and an area I believe to be of the utmost importance and urgency.

Until recently, cocaine was viewed as being benign. Some viewed it as being psychologically addicting and not physically addicting; others viewed it as being physically addicting and not psychologically addicting.

It is now apparent to researchers and clinicians that with the introduction of "free basing," we have entered into a new dimension with cocaine being extremely addicting, both psychologically and physically. Free basing is the practice of inhaling heated vapors of cocaine through a cigarette, or more often, a pipe.

Cocaine hydrochloride, the form of the drug sold on the illicit market, decomposes when it is heated, so users who want the faster and stronger effects produced by smoking, extract pure cocaine alkaloid, the free base.

Today, this form of cocaine is sold in small "rocks," otherwise known as "crack" for as little as $10 on the streets. Tolerance of the user often changes, requiring more and more cocaine to achieve the same effect, or "high."

I do not wish to use my allotted time to discuss the physical and psychological effects of cocaine, but wish to point out that the addictive process is usually very fast, and following two to three hits on a pipe, a person can become hooked or addicted.

Because of this, it is far easier to become addicted and the numbers of addicted persons mushrooms accordingly. It has been shown in laboratories that addicted animals, when given the choice of cocaine or food, often starve to death in using cocaine. One of the strongest human instincts, the sexual drive, is often abandoned.

Users are willing and compelled to do anything to continue the compulsion. Men often turn to selling drugs, after selling all their possessions, and women often turn to selling themselves. And I am not talking of classic prostitution, but normal women, married women and women from religious and traditional backgrounds.

Once a person becomes addicted to cocaine, his or her personality, values and standards radically change. He or she will, if need be, abandon children—indeed, 75 percent of child abuse and neglect cases in Los Angeles are drug-related—abandon family, abandon jobs and abandon their identity.

When the cocaine compulsion becomes severe, treatment is very difficult. The key ingredient in predicting and determining treatment success is one's motivation and commitment to change. Unlike standard medical treatment, one's state of mind is of paramount value.

How or when does a cocaine user seek treatment? Aside from family pressure and legal directives, we really don't know. Apparently, it is when a person sees their life in total ruins and they have reached rock bottom and fear for their life.

It is when they are utterly exhausted and burnt out, yet a breath of reason suddenly emerges; a fleeting moment in time when a pause somehow temporarily disrupts the consuming effects of the drug cocaine.

It is when a women sees her children taken away, seeing herself exploited sexually and tragically; it is when a man sees total rejection and loneliness and death around the next corner.

It is at that moment that we need treatment services available, and more often than not, these services are not available. Our program has anywhere from 50 to 100 phone calls a day from persons who have reached the limits of their endurance, rock bottom, and are begging for help.

Although we have a fine working relationship with the Los Angeles County Drug Abuse Program Office and I highly respect their efforts in providing needed services, there are simply not enough residential beds or sites available. And let me stress that a large portion of cocaine addicts require residential treatment where they are isolated from the cocaine traffic in our streets.

Indeed, if anyone wanted to buy cocaine this minute, within 5 or 10 minutes it could be found anywhere in this city. Too often, the addictive process of cocaine is far too great for a person to withstand the pressure and temptation of the street.

A cocaine user not ready or motivated for treatment will not be responsive to treatment. If we cannot admit into residential treatment those seeking help, what happens? All community-based programs are full with waiting lists for 30 to 60 days. We know that if

we can't help those seeking help, we are giving them the nonverbal message, "Go out and use and abuse some more; go and sell yourself and drugs to others."

We have stopped taking names on our waiting list because we don't want to make false promises. And then, more often than not, when we attempt to contact someone on the waiting list after a few weeks, either he or she cannot be found or he or she is no longer interested.

He or she may be drowning in drugs and is not at that passing moment in time, earlier discussed, when they want help. We must be able to help those seeking help. Many private programs costing $500 per day are not within the reach of those who have lost everything and in equal need. I meet monthly with representatives of other rehabilitation and detoxification services in Los Angeles, and all programs are experiencing similar pressures and similar frustrations.

All programs are full and all programs have waiting lists from 30 to 60 days.

I believe that, ultimately, prevention is the key. However, are we to say that a smoke-free society is the answer to lung cancer and not treat the cancer caused by smoking cigarettes? Prevention will not succeed if we have hundreds or thousands of cocaine-addicted individuals selling cocaine at $10 a rock to support their own addiction.

We find ourselves in a Catch-22 losing battle with the number of those selling cocaine increasing proportionately to the number of those seeking our help, which we cannot provide. We must do the possible, not turn anyone away, and significantly increase the number of treatment spaces.

We must realize that whenever we turn someone away, we have missed a golden and perhaps irretrievable opportunity and are, in effect, condoning that person's continued illicit drug usage and illegal behavior it produces. We must realize that cocaine addiction is a new phenomenon and we must do whatever is humanly possible to curtial its spread.

[The statement of Mr. Amitai appears on p. 103.]

Mr. RANGEL. Thank you, Mr. Amitai.

If you could restrict your statements to five minutes, it will be of great assistance for us to hear all witnesses. Mr. Watanabe?

TESTIMONY OF MIKE WATANABE, DIRECTOR, ASIAN-AMERICAN DRUG ABUSE PROGRAM

Mr. WATANABE. Congressman, I appreciate this opportunity to address you face to face. I have written testimony that I have submitted, and I want to do some summary of that right now.

Mr. RANGEL. The written testimony of all witnesses, without objection, will be entered into the formal record.

Mr. WATANABE. Thank you.

This is an opportune time to correct and make up for the past shortcomings in the drug abuse service delivery system. Drug abuse services have historically been underfunded. This may be related to a view once held that the problem is a passing phenomena and one day will go away. It has not and will not. Public policy

should be shaped with a long-term perspective and a permanence planned for drug abuse services.

Looking back and looking ahead, any long-term analysis and plan cannot deny the need for services in ethnic populations in our communities. In this context, the Asian Pacific community in Los Angeles, in California, and in the country are woefully underserved.

This is the fastest growing population in Los Angeles, and our experience has been that drug abuse problems exist as much in this community as any other. Moreover, our projections are that these problems will dramatically increase in very short order.

The Asian Pacific community is as complex as it is large. The differences among the various ethnic groups are dramatic. In my written testimony, I go into some detail about some of the cultural parameters of the drug abuse problems, and the population in general.

Language, customs, degree of acculturation, et cetera, add to these differences. Bilingual and bicultural services are absolutely required in order to adequately serve this population. Current services have struggled through over a decade of public policy neglect. This is an opportunity to make a change in that.

In other parts of the State and country, Asian Pacific services have not even begun.

My recommendations, then, are that the committee look very hard at what has occurred over the past 10 years, and use its authority to influence policies and practices in two general areas, how the service delivery system overall is faring, and how the Asian Pacific communities are and are not being served.

Here in L.A., Asian Pacific drug abuse programs is synonymous with the Asian American Drug Abuse Program I work for. For many years, we were the only program in the country that was funded to specifically target the Asian Pacific community.

The words "drug crisis," mean when people start dying on the street, and that indeed was occurring in 1970, 1971. AADAP was formed in 1972 and funded in 1973 through a Federal initiative. The organizing of the local communities that occurred then was the first time in L.A. that Asian Pacific community members were able to talk with each other and work together on a common issue.

We receive funding for out-patient services, a residential program and in 1975, for prevention. Through the 1970's, things were looking very good for us, very good for the Asian Pacific community. We felt that we had a model program.

We felt that a comprehensive, well-coordinated program was a very effective way to reach any community. With the existence of AADAP in L.A., we felt we had the Asian Pacific community drug problems in fairly good hands.

As the decade went on, we continued on that course. There was organizing on a national level where ethnic minorities from throughout the country organized to shape national policy. There were national training projects that were ethnic-specific.

By the end of the 1970's the picture changed. Here in L.A. and the State of California, Prop 13 eventually impacted AADAP. In 1981, block grant legislation was a real kick in the teeth, and AADAP in 1981, lost about 8 percent of its funding.

In 1975, AADAP had 5 outpatient counselors and seven outreach workers. Today we have three outpatient counselors.

Three counselors is totally inadequate to provide out-patient services in this county.

Over that same period, there have been a number of trends that have had an impact on programs in the community. There has been virtually no cost-of-living increases, and inflation has increased perhaps 150 percent. As the drug contracts were channeled down to the local level, there has been an institutionalization of contract processes, and we have had to spend more time on administrative activities.

Looking back 10 years, considering what we had in the seventies, what the trends have been, and what is occurring now, and if you look at that in the context of the 94 percent increase in the Asian Pacific population here in Los Angeles, of the trend and shifts in the nature of that population, where some 90 percent, 95 percent now of the Asian Pacific population are foreign-born, services are not sufficient to adequately serve this community.

I would recommend that the committee look hard at what has occurred in the system and take this opportunity to make some corrections in the area of Asian Pacific drug abuse services. I would make four specific recommendations:

First, I recommend that the committee immediately inquire into the various Asian Pacific communities throughout the country and ask community leaders where the drug problems are in their communities, and encourage, if not require, that local government address that problem.

I would recommend that the committee seek to fund a national research project. My comments are based on our experiences in the program here in Los Angeles. Fund a national research project that would look into and verify some of our speculation about drug problems in the Asian Pacific community.

A third specific recommendation that I would make is that the committee recommend and seek to fund a national training project, help to provide sensitivity about the history, the culture and service methodologies for Asian Pacifics.

Finally, a specific recommendation is that the committee use its influence to encourage that services here in Los Angeles in two specific methodologies be increased three-fold: In prevention services and in out-patient services.

Thank you.

[The statement of Mr. Watanabe appears on p. 106.]

Mr. HAWKINS [presiding]. The next witness is Mr. Guiness.

TESTIMONY OF V. G. GUINESS, SEY YES, INC., ACCOMPANIED BY ROSEMARY SLEET

Mr. GUINESS. My name is Mr. V.G. Guiness, and I am very long-winded, so I will let my assistant director speak to you briefly.

Ms. SLEET. We want to thank you for letting a grassroots program come before you and talk to you about what we see in our city. We have a program called Alternative Approach to the Reduction of Gang Violence, and are now in 200 schools, and last year, we affected probably about 100,000 youth, but what we see among

our young people, we feel that the drug problem has to do with the unemployment rate.

We know our unemployment rate among blacks is something around 30 percent and when we see young people not old enough to have driver's licenses, drive new trucks, Cadillacs, Mercedes-Benzes, wear a lot of gold and have beepers, that tells us something about how they are making their money.

We have rock corners, houses in all our neighborhoods, and young people that will approach you walking down the street, driving your car, stop at a stop light, and to sell you rock or heroine.

When we look at our school statistics, we find that over last year, weapons in lockers went up over 400 percent. There was a 440-percent increase of weapons displayed on campuses, and a 33-percent increase in hard drug use, and we have 5,000 young people suspected or arrested for crime on campus.

So it is very, very frightening. We get calls at SEY YES every day from parents that ask for our help, because their kids are refusing to go to schools. Some have nightmares. Many of them, their grades are suffering.

These parents are scared and angry because of what they feel is happening to our children today. As a matter of fact, they have asked us to help them get a petition started for all parents to sign that want to see this problem resolved for emphasis.

Gang-related crime in general is up, gang-related homicides are way up, by 25 to 30 percent, and all of it ties into the fact that some gang members are now becoming drug pushers and users. The innocent victims killed because of this growing problem has risen from 34 percent to 45 percent so far over last year.

SEY YES feels that the hard line that the President is advocating be taken on drugs is necessary, but as an agency that is operating right down on the ground, side by side with these youth, seeing them get shot at, wounded, get killed, see gang members retaliate for the home boy that got killed and in turn see more killing.

For the social and athletic events, the gang-related crisis and funerals, the protection of witnesses and assistance in rehabilitation the SEY YES crisis team and staff have been involved in, we say to all of you, as an agency, we would like to appeal to you to give your attention and money immediately to help young people with employment, with a prevention program, and we know a lot of this is going on, we would ask for more because if we don't, we are going to lose a whole generation of young people to criminal activities, wasted minds and death.

Thank you.

[The statement of Mr. Guiness and Ms. Sleet appears on p. 124.]

Mr. RANGEL [presiding]. How is your program funded? What agency funds you?

Ms. SLEET. Through the Office of Criminal Justice Planning, State agency, and we receive a small amount of funding from AB-90 and the CDD Department of the city.

Mr. RANGEL. Asian-American group, how are you funded?

Mr. WATANABE. Through contracts with the country, some are Federal, some are State sources.

Mr. RANGEL. Are there any members that wish to inquire?

Mr. ROYBAL. The name of your organization?

Ms. SLEET. SEY YES.

Mr. DYMALLY. Say yes to what?

Mr. GUINESS. We wanted to enroll kids in jobs. Once they were trained, we warned the employers, say yes, not no. Since we didn't have a name like Muhammad Ali or Sugar Ray Robinson, we wanted people to take a second look. Once we had our name, we changed it to S-E-Y instead of S-A-Y.

Mr. RANGEL. We recognize the bill is not adequately funded, the bill just passed, but we are convinced with the work you are doing, and the fact that we are going to see a positive impact as a result of this initiative, that we will be able to get adequate funding for these programs.

Mr. GUINESS. If we can add some more community-based programs who know the intelligence on the streets, we can get a better impact and help your committee.

Mr. RANGEL. The next panel, City Councilman? Is Danny Tabor here? L.A. Assistant Chief of Police Barry Wade and Lieutenant Roger Coomes; Rita Walters; Dr. Jane Godfrey; Dr. Irma Strantz, Director, Drug Abuse Program Office, Los Angeles Department of Health Services; and Mimi Silbert, Ph.D., Delancey Street Foundation, Inc.

Chief Wade?

TESTIMONY OF L.A. ASSISTANT CHIEF OF POLICE BARRY WADE, ACCOMPANIED BY LIEUTENANT ROGER COOMES, D.A.R.E.

Mr. WADE. Thank you, Mr. Chairman.

I am Barry Wade, assistant police chief of Los Angeles. I very much appreciate the opportunity to participate in this panel today. I understand your staff is now passing out our statement. It is very complete, and I would hope you would take the time to have your staffs review it.

Mr. RANGEL. Thank you. It will be part of the record.

Mr. WADE. The city of Los Angeles has made a massive effort to control the flow of narcotics into the City. This year, our budget exceeds $10 million in the City of Los Angeles, and we are continuing to lose the battle on narcotics.

This year alone, the first 9 months of 1986, the L.A. Police Department has seized over 10,000 pounds of cocaine in the greater L.A. area. We have seized over $21 million in cash from narcotics dealers, and arrested over 30,000 individuals, and the total street value of the seizures of narcotics by L.A. police officers so far this year exceeds $2.2 billion.

We are scratching the surface and losing the battle. The street sales of narcotics is rampant, and drug-related homicides and other crimes continue to rise, and the loss of productivity in our society is increasing, and the pain and suffering and the decline of our society is occurring at a rapid pace.

My written material covers our full spectrum approach to narcotics enforcement in the city of Los Angeles, and I assure you that we do attack the problem from every single level that we possibly can.

We have a strong commitment on the part of all law enforcement agencies at the local, Federal and State levels to work on this problem together.

DEA, FBI, L.A. county sheriff's department, FAA, Coast Guard, we all work together on joint task forces to do something regarding this horrendous problem, but more is needed, and I have three recommendations that the Federal Government strongly consider. Some are included in the most recent bill that you have passed.

However, I urge you to keep this commitment for the next 10 to 15 years if we are going to have any real sustained success whatsoever. It is my opinion that because of the international aspects of narcotics trafficking, it is essential every single agreement and treaty that we make should contain provisions where the receiving country is required to demonstrate evidence of an ongoing eradication program within its own boundaries, and an effective program to prevent the exportation of narcotics to the United States.

Secondly, it is very clear that Mexico is becoming the narcotics gateway to the United States. The Federal Government must protect the borders of this country, to prevent the influx of narcotics that is so widespread and coming into our city.

The border of the State of California is beyond the control of local law enforcement agencies, beyond the control of the State agencies, and the Federal Government must make that long-standing commitment to make our border secure.

The number one reason that I am here today is to talk to you about a program that we believe will be the final, ultimate solution to the demand problem. We believe that the Federal Government should take a leadership role and encourage and partially fund on a nationwide basis the DARE program, Drug Abuse Resistance Education, and this is the only hope that there is in the future to get at the young people before they get involved in the use of narcotics.

DARE is a prevention program jointly sponsored at the current time by the L.A. Police Department and the L.A. Unified School District, a prevention program aimed at youth before they are subjected to peer pressure and the possibility of drug abuse on their own part.

It is a 17-week curricula designed by Dr. Ruth Rich from the Los Angeles Unified School District, and she is here. It is presented to fifth and sixth grade students by uniformed and unarmed police officers, and those police officers are taken out of the hide of our annual budget without any additional funding from anyone, and the program started in 1983 and at the present time, it is included in all of the elementary schools within the City of L.A. and all of the junior high schools within our City, and over 60 other agencies throughout the United States have been trained in the DARE program, and are beginning those programs in their own communities.

The entire State of Virginia has adopted DARE as a statewide program. DARE is a program designed to teach young people specifically how to say no to drugs. We teach people the consequences of drug use, how to resist the pressures of drugs, and teach them how to say no, give them specific techniques, show them how to build self-esteem and develop self-assertiveness and manage stress, nd at the end of the 17-week program, our research has indicated

that they are truly more resistant to drug abuse than they were before they went into the program.

What we are doing in L.A. and the other 60 communities throughout the Nation will have a very substantial effect, but unless every single child in this Nation has an opportunity to learn these techniques, how to say no to drugs, this country is still going to fail, and so it is incumbent upon the Federal Government to take a leadership role and to spread this type of program throughout the Nation.

We need your help, we truly need your help, and the Los Angeles Police Department pleads for that today.

[The statement of Mr. Wade appears on p. 128.]

Mr. RANGEL. Ms. Walters?

TESTIMONY OF RITA WALTERS, PRESIDENT, LOS ANGELES BOARD OF EDUCATION

Ms. WALTERS. Thank you, Mr. Chairman.

I want to share with you in what high esteem we in California hold our Congressional delegation. We are very proud of the Members of Congress that represent us from California, and we feel they rank among the very finest that you have in the Congress.

Mr. RANGEL. That view is shared by most of the members of this committee. Those of us from New York, we reserve the right to have different opinions.

Ms. WALTERS. I said among the finest.

Thank you for coming here and bringing this subcommittee to listen to us about the problems of drug abuse in our California cities, and particularly in the Los Angeles area. I am Rita Walters, President of the Los Angeles Unified School District Board of Education. May I thank you for the invitation to appear before you today? I have submitted more complete testimony for the record.

Our school district has significant involvement in seeking solutions to substance abuse. I would like to take this opportunity to respond first to the questions you have raised, and then to share with you some of our programs.

You ask, what drugs are most frequently abused? Approximately 70 percent of the arrests made in the school year 1985–86 were for the possession of marijuana. All of our campuses are affected to some extent by the drug abuse problem, which exists throughout our community, crossing all socio-economic lines.

Is drug abuse increasing or decreasing in Los Angeles schools? Drug arrests made during the 1985–86 school year declined 12 percent from the previous year.

What are the drug abuse trends among school children? Data available from our school police section reflect an overall downward trend in campus-related narcotics incidents; however, of particular concern is the increase in the use of cocaine by many of our students.

We have in place in our district the following drug abuse prevention education programs: Project SMART, a cooperative research project with the University of Southern California, and the major purpose of this multiple substance prevention program is to reduce the incidence of habitual cigarette smoking and of alcohol and

marijuana abuse among students in grades 6 to 9 by assisting them to develop a resistance to peer pressure regarding drug abuse.

Project DARE, a cooperative program with the L.A. Police Department. This program emphasizes the teaching of behavioral skills to help students recognize and resist the pressures that influence them to experiment with drugs and alcohol.

The curriculum is presented by 52 uniformed L.A. Police officers especially trained for the program targeting elementary and junior high schools.

The Sheriffs and Teachers Project SMART is a cooperative program with the L.A. county sheriffs and the University of Southern California. Next month, the district will participate with the Los Angeles sheriff's department and the USC Behavior Research Institute to offer a substance abuse prevention program to the 48 schools within the unincorporated area served by the sheriff's department.

The program is based on Project SMART and adapted for use at the upper elementary level, and will be taught by sheriff's deputies and regular teachers, and also a parent education component.

Project IMPACT, we have a principal from one of our Project IMPACT schools that will share the details of that program; but briefly, it is a model school-based drug abuse prevention/interdiction program that is being piloted in seven selected schools, high schools in the district. We have since added seven more senior high schools to that program.

Additionally, in the formal K to 12 instructional program for health, antidrug abuse education consists largely of helping students understand the effects of nonfoods such as drugs, medicines and household chemicals used improperly.

In the middle and upper elementary grades, substance abuse prevention activities are directed towards strategies focusing on self-esteem, decisionmaking and problem-solving skills and positive alternative activities to drug abuse.

Such strategies are designed to help students resist peer pressure, how to say no to friends or groups when offered drugs. The district participates with community and private government agencies to alert students, school staff and parents of the serious problems associated with the abuse of alcohol and drugs.

These represent the major processes that are in place in the Los Angeles Unified School District. There is definitely a need for the Federal Government to provide school-based resources to supplement implementation of prevention/intervention programs beginning in the elementary grades.

A funding allocation based on a per-pupil cost should be provided by the Federal Government directly to school districts so school staff can systematically identify and begin to provide in cooperation with appropriate community agencies needed prevention and early intervention programs and services to combat this continuing epidemic.

A list of needs would include teacher training and awareness programs at all levels, effective parent education programs, a school-based identification and referral system which provides consultation and assistance to students and their families; additional

counselors at all levels so that student assistance and referral services are available as viable prevention strategies.

Mr. Chairman and members of the subcommittee, again may I thank you for inviting me to participate in this worthwhile process. Your committee's leadership on this issue is most appreciated. I stand committed to press forward with prevention efforts and eagerly await the results of this hearing.

This completes my presentation. I shall be pleased to respond to questions.

[The statement of Ms. Walters appears on p. 151.]

Mr. RANGEL. Thank you so much, Ms. Walters. I am certain that with the chairman of the Education Committee having a resource like you that that is in part responsible for the fine work that his committee has done for the Congress and the Nation.

Dr. Godfrey.

TESTIMONY OF JANE GODFREY, PRINCIPAL, VAN NUYS HIGH SCHOOL

Ms. GODFREY. I am Jane Godfrey, not Dr. Godfrey. I appreciate the honor, however.

I am principal at Van Nuys High School. We are a school in the center of the valley that is becoming a point of entry for students from all over the world. We have students from most countries of the world. We speak most of the languages of the world on our campus. We are also a campus that has students bused from 40 different schools in the district. We have an enrollment of approximately 2,300.

I have given to you a prepared statement on our project impact. I would like to tell you how it has affected our school and how we came about developing the program.

We as a school know that we can not control the community in which we live. We can not control the neighborhood, but we did feel that we could do something about our own school and the two-block area around the school.

Five years ago the staff and the students, I think, got mad. They were disgusted at what was happening at the school. They were not happy with the process of students being arrested for drug abuse and moved to another school only in turn to receive a student from another school with the same problem. We called this the "dance of the lemons" and decided to do something about this, and that is how Project Impact was born.

Along with the project we worked very hard on developing within our school a comfortable atmosphere for students where they felt safe, where they were secure, where they felt that business at hand was education.

We reached out to the community for parent help. We reached into the school for student assistance. We decided that we would emphasize on the campus pupil behavior and academic excellence, not worry too much about what the kids looked like, but how they behaved and what they learned in school.

With that, I would like to say just a few words about the Project Impact. It is a project that involves voluntary help from teachers,

from our school psychologist, our school nurse, our school police officer, our school administrators.

They give tremendous amounts of time voluntarily to the program. It works like this. When a student is apprehended on campus under the influence of a substance or in the possession of a substance, they are brought in to the office, they are suspended, depending upon the offense they are arrested.

At that point we call in the parents and rather than move the student on to another school where the problem still exists, we mandatorily place the student in our Impact Program.

The program consists of ten to 12 weeks of a group of ten students who have the same problem. They work with one of our deans who has been trained in the Impact Program. We realize that we are not going to cure. Our purpose is to educate. Our purpose is to make aware the programs to the parents, to make aware to the students why they have these problems, and to make them aware that it doesn't have to be. It is okay not to take drugs. This is the kind of program that we have.

From this initial mandatory program the students are then, depending upon how they have reacted, placed in what we call our voluntary mandatory program, and they are in that program for as long as they wish or as long as we wish.

Another outgrowth of the program has been group work for students who have family and personal problems. We call these our students at risk. We identify them as those students who most likely would become involved in drug or substance abuse, and we feel that this has been a very positive program.

We know that we don't cure all the ills of the world. We know that we don't stop drug abuse with all the students, but we do feel we have a program that is operable and is satisfactory for many of our students.

Thank you.

Mr. RANGEL. Is your program totally funded by the Los Angeles Board of Education?

Ms. GODFREY. Yes.

Mr. RANGEL. It is not connected with any other agency?

Ms. GODFREY. It is not, no. We are given three periods off the norm and a coordinatorship. We put these into the counseling and dean's office to give us additional supervision on the campus.

[The information appears on p. 163.]

Mr. RANGEL. Dr. Strantz, the Director of the Drug Abuse Office of the Los Angeles Department of Health Service.

TESTIMONY OF IRMA STRANTZ, DIRECTOR, DRUG ABUSE PROGRAM OFFICE, LOS ANGELES DEPARTMENT OF HEALTH SERVICES

Ms. STRANTZ. It gives me great pleasure to present to your committee today a brief synopsis of the drug abuse problems as well as prevention and treatment issues facing the county at the present time.

In my report I have provided to you in greater depth the response to each of the questions posed by the committee. Los Angeles County has a population of 7.9 million people in a state of 25.6

million. During 1984, the latest year for which complete comparative data is available in California, Los Angeles County had 43 percent of the juvenile drug-related arrests, 46 percent of the adult misdemeanor drug-related arrests, 47 percent of the adult felony arrests, and 36 percent of the diagnosed and reported drug-related deaths in the State.

Summarizing the most recent 1985 drug abuse indicator data available in Los Angeles, heroin abuse continues to rise. PCP abuse is declining. Cocaine abuse is rising sharply, and the problems associated with the use of these three drugs account for 91 percent of treatment admissions to publicly funded programs in the county.

Heroin-related deaths have increased by approximately eight percent since 1982. There were 125 cocaine related deaths in 1985 compared to only 46 in 1982. On the average, each emergency room admission for drug-related problems involves about 1.5 drugs and each drug-related death involves 2.5 drugs. In other words, we are dealing with a problem of polydrug abuse. However, with regard to cocaine there were 50 deaths in 1985 caused solely by cocaine overdose.

During 1985 the drug-related arrests in the county totaled almost 107,000. This is an equivalent to a countywide arrest rate of 1,834 people per 100,000 population. One of the figures in the material that I have provided to you shows that there has been a 57.8 percent increase in drug-related arrests and 572 percent increase in probation investigations since 1985.

Let's look at the treatment system. During 1985–86, there were 34,402 drug treatment admissions to county-contracted and selected private drug programs in the county.

For this total the primary drug of abuse at admission was heroin, 71 percent; then cocaine, 12.4 percent; then PCP, close to seven percent. The remaining admissions had to do with opiates other than heroin, amphetamines, marijuana or hashish and accounted for close to nine percent of the admissions.

There are two males admitted for every female. The largest ethnic group is white, 42 percent, followed by hispanic at 36 percent, black at close to 20 percent, and other ethnics such as asian-american and indian at close to two percent.

The largest number of admissions are those between 26 and 33. When you look at the abuse of certain drugs by different ethnic groups, during the first six months of 1986, looking at PCP admissions, hispanics accounted for 62 percent and blacks accounted for 24 percent. With regard to the admissions for heroin, hispanics accounted for 38.5 percent and blacks for 13.1 percent.

It is interesting with regard to cocaine that 46.7 percent of blacks admitted to treatment showed cocaine abuse as the primary problem. Now, this represents a changing trend in the past two years where PCP used to be the primary problem of the black community. That has now been replaced by cocaine.

Conversely, in the hispanic community, heroin was the number one problem and now that seems to have been replaced by PCP.

The county drug program is provided through the use of public funding in the amount of $22 million. The Federal block grant contributes about 35 percent of that. When revenues such as client fees and state funding are included, the gross budget is about $27.7

million. The county drug program is provided almost entirely through contract with private community-based agencies.

The county plan provides for a system of services that is comprehensive in scope that includes prevention, early intervention, detoxification, methadone maintenance, residential and outpatient services.

In fiscal year 1985–86 there were 136 contracts which provided for over 4,800 treatment slots and approximately 112,000 units of service in prevention or early intervention.

One of the tables which I have provided you shows graphically the 36 percent decline in the available treatment slots since fiscal year 1981. Loss of Federal and county funding, reallocation of outpatient treatment funding to prevention services and the ever-increasing costs of providing human services have each contributed to that decline.

Last year it was estimated that at least $8 million of new dollars would be needed in this county to replace the treatment slots that have been lost since 1980–81. Programs are overutilized and they are unable to meet the growing demands for service.

A recent survey has shown that the waiting time to enter a residential program varies from one to 8 months; for methadone maintenance, 1 to 12 months.

The demand for services is especially acute for intravenous drug users at risk for AIDS; for pregnant addicts or drug abusing women; for youth, who require a range of services from prevention and early intervention to residential services; incarcerated drug abusers requesting residential treatment who can not be released until beds are available; young adults with dual diagnoses of mental illness in conjunction with drug abuse; and homeless drug abusers who have basically no place to go if residential drug treatment is not available.

The treatment system has never fully recovered since the 1981 Omnibus Block Grant bill. It is understood that the intention of the Federal Government was to turn program management and funding issues over to the state and local governments.

In California, concurrent with this transfer, was the passage of Proposition 13. Local government has been unable since then to respond to the escalating drug problem with expanded funding for services. The local treatment system adapted as best it could by increasing client fees and through greater use of federal medical dollars.

The Federal block grant system identifies prevention and women's services as priorities for the use of federal block grant funds.

While the intention of this earmarking is laudable, we discourage the use of special allocations to other underserved target groups, and recommend that local or state response to national program priorities can best be achieved by requiring states to address these priorities when submitting their annual federal block grant plans for services.

In Los Angeles County this earmarking has not been a hardship because Los Angeles has been in the vanguard of responding to the service needs of special target groups.

For example, our county plan identifies prevention, primary prevention, as a No. 1 priority and 33 percent of any new dollars allocated this county, as a minimum, automatically go toward prevention.

With regard to services for pregnant addicted women or homeless or those with problems of mental illness together with drug abuse, again we have been able to allocate scarce resources to those programs and continue to consider those target groups as high priorities; also minority groups, the homeless, the wide range of citizens in this county who do not have access to treatment at the time that they are ready and motivated to participate in it.

In terms of our recommendations to the Federal Government for strong leadership and assistance to the States and to the localities, we address several areas.

The first has to do with planning, and with regard to enhancing planning activities at the local level: we believe that it would be appropriate to ensure that all States and all publicly funded programs participate in a client data system which will provide information to the localities, the States and the Nation, with regard to the profiles of clients receiving services and their outcome at discharge.

There should also be assistance to the States and local jurisdictions in developing and utilizing a system of drug indicator data.

Los Angeles County, San Diego, and San Francisco are three metropolitan areas in California that belong to a national community correspondents group and meet biannually and share information relating to drug trends.

There are, however, countless other metropolitan areas and medium-sized counties across the Nation and in California that have not yet developed the expertise to do their own forecasting and do their own responding to the drug problem.

With regard to services, we believe that the quality of services that is being provided throughout the Nation could be enhanced by increased training and technical assistance to the State and local governments in specialized areas such as accreditation or certification of drug counselors, treatment methods for special client groups, and prevention and counseling methods adapted for different minority groups.

With the Federal Government developing and sharing modules of these types, we believe that cost effectiveness and efficiency will be addressed.

We would also like to see a computerized information and resource network or clearinghouse set up so that at the local level we could rapidly access the latest information regarding research and evaluation, prevention and treatment resources, and trends.

An organization known as the Drug Abuse Resource and Communication Network, which provides quality prevention and educational materials, audiovisual and printed, needs to be updated in its budget so that materials can been obtained in sufficient quantity and in a timely manner at the local level.

With regard to third party payment systems, we believe that the Federal Government should require through legislation that standard health insurance coverage be included and be offered nationwide for drug abuse treatment.

Cost effective models of treatment are available which de-emphasize hospital care in favor of longer term residential and outpatient services.

Only five percent of the clients entering publicly funded treatment programs carry health insurance which is applicable to their care.

At least as many clients come to the public drug programs following costly inpatient treatment which has been subsidized by private insurance but their available coverage has been utilized to the maximum within a period of three to four weeks.

We believe that by requiring such coverage and basic health care packages offered by the insurance industry, more people will have access to treatment and more cost effective models will be used.

It appears that the antidrug bill which was signed by the President this week contains a significant augmentation for drug abuse treatment services in Fiscal Year 1987.

Upon receipt of its local allocation, Los Angeles County will have moved rapidly to expand treatment services to all ethnic groups. It is imperative that the increased level of funding continue to be available for the next several years so that new programs will not founder in a second or third year because of lack of continued financial support.

Thank you again for providing me with this opportunity to share the county's concerns regarding key issues and the prevention and treatment of drug abuse.

Mr. RANGEL. Thank you.

[The statement of Irma Strantz appears on p. 169.]

Mr. RANGEL. Dr. Silbert from the Delancey Street Foundation.

TESTIMONY OF MIMI SILBERT, PH.D., DELANCEY STREET FOUNDATION, INC.

Ms. SILBERT. I am the president of an organization called Delancey Street Foundation. We are a national organization. We do long-term residential treatment and prevention. We have about 600 people at any given time nationally.

I have included for you along with the statement a manila envelope that contains some pieces of information basically saying how good we are.

Delancey Street is in its 16th year. I would like to do several things with my remarks. First, of course, I would like to tell you something about this organization. It is different from just about everything else that I know that exists anywhere in the world. It is uniquely successful.

We have been studied by everyone. We have been called by Carl Menger—who is one of the few patriarchs in our field, who really is an expert—the best and most successful program in the world. We have been commended by Nancy Reagan, President Carter, etc.

Along with telling you about Delancey Street—and I would like to do that because I think—I know this word is used all the time—"model"—but I think we really are a model, and I would like to try to encourage you to think that along with me.

Along with doing that, I would like to take what I think is a different cut at the drug abuse problem. I do not think that additional

monies are the answer. I don't think that there is ever going to be a way to put enough money into the substance abuse treatment and prevention problem to ever handle it, and therefore, I think we had best come up with some answers that are not simply dependent upon more and more money, and I also think that it is insufficient to just say "no" to drugs.

Those of us who have been doing prevention for years and people who are abusing drugs for years will tell you, most people, including kids, are not unaware that drugs are harmful, and they abuse them anyway.

And if we are to make our prevention efforts really make a difference, then we better begin to taylor them to what I think are the problems.

There are many things that we need to teach people to say "yes" to. Drug abuse happens to be tied in with a lot of self-destructive things that need to be balanced in our society. If we don't start balancing them then we are not going to make a dent in the problem.

I would like to take a minute of my extended five to "expert" myself, if I may, because I am saying things that I think are different from the general take on drugs. I would like to give myself a few credentials.

I have doctorate degrees in criminology and psychology. I have been in this field for 20 years, exclusively in substance abuse and criminal justice. I have taught college. I have done major research. I have evaluated programs for the National Institute of Mental Health Drug programs in over 30 cities. I have trained probation employees and sheriff departments in over 25 cities. I was appointed by President Carter to the National Institute of Justice. I have been appointed by Governor Deukmejian to the Board of Corrections. I serve on the California Post Commission Advisory Board.

I have spend a long, long time, really my life, in this field, and I feel very strongly that we need to look in some other directions.

Now I am going to try and tell you a little bit about Delancey Street with which I have been for 5 years.

Mr. RANGEL. Dr. Silbert, we do have a time problem, because the members have arranged their transportation schedules based on the number of witnesses we are having, and there is another panel. What I am afraid of is that they may have to leave before they hear all the people who have prepared their testimony.

The staff should have advised you of this restriction when you were invited to testify.

Ms. SILBERT. They did, but I have come near to my five minutes, and with due respect to my colleagues, they have taken more than their five minutes.

If you have to leave, there is nothing I can do. I am not funded by the government, so I am not asking for more money.

Mr. RANGEL. I think you made that clear.

Ms. SILBERT. I do think we have an interesting model.

Mr. HAWKINS. Mr. Chairman, could I suggest that she briefly describe this most wonderful program that she said is so different and unique. I think we can stipulate that her credentials are good, but we would like to find out what the program is.

Ms. SILBERT. I would like to, if I may.

Delancey Street has never taken any money, not only not government money, but not private monies. To make money we go back to the American style; we earn it.

We have 600 residents. A majority of them come in unskilled, functionally illiterate, and without any work experience.

We have 10 to 15 different training schools that provide vocational training at the same time as we pool the income from them to support the organization.

Mr. RANGEL. What is your annual budget?

Ms. SILBERT. Our annual budget is about $6.5 million.

Mr. RANGEL. This money comes from the income of the businesses that you operate?

Ms. SILBERT. Yes, it does. They range from moving school and trucking through construction, automotive repair, national sales.

We sell imprinted items to the college book stores. We sell to businesses. We make everything—furniture, stained glass, crafted products. We sell them, as well. We teach people bookkeeping, etc.

We also have no staff. The entire organization is run by the residents, and I think that that is a critical issue, because in my opinion, the people most targeted, highest risk for drug abuse, are the marginal people of our society.

It used to be the poor, because they were always on the outside. Now we have more and more groups being marginal in society, adolescents, etc.

Mr. RANGEL. How many people are involved in your program?

Ms. SILBERT. Six hundred residents at any given time.

Mr. RANGEL. Do they ever leave?

Ms. SILBERT. Yes. The whole point of the program is to have them graduate. They stay an average of 4 years. We think of it comparable to a Harvard education. We have graduated literally thousands of people. Our success rate is upwards of 80 percent.

We have graduated—our graduates range from lawyers and people in the medical profession through construction—virtually every area of life.

During those four years everyone receives at least a high school equivalency. They are trained in three marketable skills. They learn interpersonal relationships, which are lacking.

They learn a great deal about self-esteem, which I do not believe can be taught quickly in an encounter group. I don't think it happens by me telling you that I think you are OK. I think it has to be learned slowly and over time.

Mr. RANGEL. Do you have a waiting list?

Ms. SILBERT. We don't, because we don't operate on a bed principle, and so we don't hold a traditional waiting list.

For example, if you were facing 50 years and really desperate to come in and it was our belief that you meant it, and that your choices were death or Delancey Street, we would take you in.

We certainly have—the demand for our services is by far greater. We get about 25 to 30 calls a day. Obviously, we can't take anywhere near that, so we do turn people away, only the last couple of years, because we have gotten so overcrowded and we don't have the money to expand.

But we don't take a traditional waiting list—excessive need comes in if they are desperate.

Mr. RANGEL. Do you invite public officials?

Ms. SILBERT. We would love public officials. The place is always open. You are welcome to call or drop in any time.

Our people, because they are so proud of what they are doing, very much want the interaction with what we refer to as "the coat and tie people of the world".

Yes, we would love to have people drop in.

Mr. RANGEL. How many businesses do you operate?

Ms. SILBERT. We have about ten money-making training schools and about ten training schools that don't bring money in but that do train the residents. They do all our bookkeeping, all our food, etc., all our education. We tutor ourselves.

The reason I want to stress this is that I believe that most people who end up drug addicts have been receivers their whole lives. They are either receivers of welfare, they are receivers of therapy, receivers of punishment—they are always on the other end of life, and it does not build self-esteem, it doesn't build choice-making. It doesn't build any of the things that give you a hold on life to receive.

And, therefore, it is critical to learn how to be a giver and a doer. So, the way we structure it is, as soon as you learn something you turn around and you teach it to the person who is newer than you are or who knows less about that than you, so everyone is a giver and a receiver.

Mr. RANGEL. Nobody is salaried?

Ms. SILBERT. I am the only person in the organization who is not a resident, who is essentially a professional running it, and I am not salaried.

Mr. RANGEL. None of the trainers are salaried?

Ms. SILBERT. There are no trainers. Literally everyone else is a resident. For example, she would tutor me in English as soon as I went from the second grade to the fifth grade; I would turn around and tutor someone who is in the second grade while she continued to tutor me up to high school equivalency.

That is how it works. It is a ladder system. You learn from the person above you and teach to the person below you.

We are in our 16th year. We don't have any experts. They have never had any experts. We have been phenomenally successful, and I think we have been replicated throughout the world.

There have been programs based on us in other parts of the world ranging from Australia through France. I think it is a model that is not difficult to replicate in the country and is not costly.

[The statement of Mimi H. Silbert appears on p. 205.]

Mr. RANGEL. Dr. Strantz, why don't you have one of these programs?

Ms. STRANTZ. The Delancey Street Foundation is one of the agencies that we refer clients to. We have an information and referral service. Also, the methodology of using peers as counselors, getting involved in work activities to raise money——

Mr. RANGEL. Why can't Government people do what they are doing so successfully from a nongovernment point of view?

Ms. STRANTZ. I believe that if you looked at how many people will enter the Delancey Street Foundation—if we took 100 people, and these 100 people had a drug problem, and said, "OK, you could

go here or there." I have a feeling that there would be a lot who would not enter the Delancey Foundation.

I am not saying anything against the Delancey Foundation. I am saying that our program in Los Angeles has had to be eclectic rather than trying to force people who are, whatever, into this program that is not their "cup of tea."

Mr. RANGEL. Mr. Dymally.

Mr. DYMALLY. Would you apply your same system to children?

Ms. SILBERT. We have a place in New Mexico, because we have the land there that takes children, and it is the same principle, the principle of instead of treating them as people that don't know and who need to be taken care of, we use the same principles of encouraging them to take care of one another. You do need adult supervision and it has to be modified and we have in fact modified it.

There are a lot more adults helping the kids then there are kids helping the adults, but it does work both ways.

Mr. DYMALLY. I note with interest you received some communication, would you have refused the check?

Ms. SILBERT. We have been offered government money and we have refused it and the reason we have refused it is not because I believe government comes with strings, because I do not think that it does any longer, but I don't think you can teach self-reliance with the right hand and be supported by the government with the left hand.

I think that our views, and our people abusing drugs, they have an instinct for finding hypocrisy everywhere. It is one of the things that any addict uses to justify what he is doing.

He will find a wonderful reason for him to therefore go rip off Safeway and put a needle in his arm, and I think it is critical that you be true to the values that you are trying to teach the people to hold in their own lives, and I think values, if I may steal a word from organized religion, that should be in everyone's vocabulary, I think values are critical, to get people's values straight for them is important for them.

Mr. DYMALLY. Would you refuse a check from United Way?

Ms. SILBERT. I would not refuse a check from United Way if I could use it, for example, to buy a truck for my moving company. If I felt Delancey Street were turning into getting operational support, then I would stop it, yes. Small amounts of donations are wonderful. They can be used to expand. We can never make enough money to capitalize, for example, so those kinds of donations are terrific, and were I to set up a model, that would be what I would use the money for, to capitalize other programs.

But the day to day living should be on the shoulders of the people doing it. They should feel this is my program, I have built it, I have earned it, I have put my food on the table, taking care of other people and I can feel good about him or herself, and that is really important as part of the therapy, and you always have to worry if you get, which we have never had to worry, but if you got too much money you would have to worry about that, I think.

Mr. DYMALLY. Thank you, Mr. Chairman.

Mr. DIXON. Dr. Silbert, you are saying Delancey Street is a model program, not the model program. In other words, there are many ways to approach this and you feel that you have a very successful

one, but you are not saying that there are not other techniques that are just as successful, are you?

Ms. SILBERT. I think that the—I certainly wouldn't say everything in the world had to be Delancey Street, but I think some of the issues are important, for serious drug abuse. The issue of teaching people self-reliance.

Mr. DIXON. I was going to get to that next because we have the president of the school board and Ms. Godfrey here, and some of the things you mentioned are principles of Ms. Godfrey's program.

What I am saying is, I think you have a great program, but it does disturb me that you cannot answer whether it is the model, versus a model, because the school district and the police department are doing some of the things you are doing.

Ms. SILBERT. I am not sure they are doing the same things, but they are doing a critical job. We are talking about an entire continuum of services.

The people who come to Delancey Street are not in the schools. They have left the school system and we really are not——

Mr. DIXON. You are servicing a different clientele?

Ms. SILBERT. A more serious clientele that has fallen through the funnel, if you will.

A large number of people fall through that funnel. They are all over our prisons and streets.

Mr. DIXON. I admire Delancey Street and the fact that it does not receive Federal funds, but much of the testimony here by appointed and elected officials and community people, says they need funds. Is there something so unique in not receiving funds that makes your project so successful?

Ms. SILBERT. I believe so. I believe that it is important to——

Mr. DIXON. Go ahead.

Ms. SILBERT. They have all made their statement. They are wonderful, and I would support them.

I would sign for all of the rest of the programs to get more money, but I think it is important for people to learn that they are not losers, that they in fact can band together and gain entry and gain access to lots of the things in our society that many of these people do not have any access to, and don't get access to, and in a program in which they are the receivers of therapy, and that becomes critical, that you don't just receive, that you in fact learn to give and learn to become self-reliant.

Mr. DIXON. Can't you do that and receive that from a funding source.

Ms. SILBERT. I believe not.

Mr. DIXON. Then you do believe that you have the model, not a model?

Ms. SILBERT. No, I think, you know, drug abuse is a word that is used for everything from kids who have a lot of opportunities in life, who are smoking too much marijuana, to someone who lived and whose family has lived in the ghetto for all of the generations who has been shooting heroin and taking everything else it can since he has been nine years old, and they require very different approaches, and my personal concern is for, as I say, the person who has very few choices.

It is not a matter of saying no to drugs, because there is very little they can say yes to. They don't have a lot of options. If you are functionally illiterate, if you have not worked, if you have never seen people succeed and if you hate yourself and society, then there are not a lot of options to say yes to, and it is for those people who I think there are many of, that I really am making this argument, because I believe everyone else has made a wonderful argument and is doing an excellent job for the other people, but 20 years ago, when heroin abuse was as bad in my opinion as it is today, no one cared and no one cared because they were poor and outside of the mainstream of people. Those people are still there and their problem is increasing.

Mr. RANGEL. Where is John Maher?

Ms. SILBERT. He is no longer with Delancey Street.

Mr. DIXON. One final question, for your clientele that fit the particular profile, is your system the best system?

Ms. SILBERT. It is not my system.

Mr. DIXON. The Delancey system.

Ms. SILBERT. I think the system of teaching people to be self-reliant for real and teaching them skills and teaching them self pride, real pride is a critical component if we are going to do something about drug abuse. It is not just happening out of a vacuum. We are seeing serious problems in our society of lack of meaning in people's lives.

Mr. DIXON. Ms. Godfrey, would you like to comment?

Ms. GODFREY. You have been watching us.

I would like to think that our educational system, from kindergarten through high school, emphasizes self-respect, that we do our very best to teach our children.

Mr. DIXON. Looking at your checklist, we see the same words that Ms. Silbert was using.

Ms. GODFREY. We try very hard to do these things in the public schools. As I sat here and listened to the other people testimony, I wrote a sentence, and it says, unless we put dollars into educating young people, the cost of treatment will continue to rise. I believe that very strongly.

I believe that we need problems in the elementary level, pardon me, not problems, programs, in the elementary level. I believe that our Los Angeles Police Department Project DARE is a good program. I believe when the LAPD narcotics officers come to speak to our students, in our health classes, assemblies, and in small groups, that they do have an effect upon our students.

Thank you.

Mr. RANGEL. Mr. Levine.

Mr. LEVINE. What Ms. Godfrey and Dr. Silbert are saying, is not at all inconsistent.

Dr. Silbert is saying the philosophical underpinnings of Delancey Street Foundation require the approach she is taking for the people in this program and Ms. Godfrey is saying that resources need to be provided at the school level to do everything possible from a preventive point of view to insure that people are not lost in the system and end up needing the services that Dr. Silbert can provide.

That is what I am hearing from both of you, and I don't think that there is an inconsistency. There may be some difference of view when you get into the treatment area. Ms. Godfrey is addressing prevention, and what Dr. Silbert is addressing is treatment.

Mr. DIXON. Is that right, Dr. Silbert?

Ms. SILBERT. Let me say this, I firmly support all efforts to put money into prevention, to the education programs, all of that entire continuum of services. On the other hand, I think it is critical to notice that we have been doing that and our drug problem is not abating and I don't think we can ever put enough money in to stop it, so along with that, I would like us to also look at other issues, Mr. Dixon.

Mr. LEVINE. That is certainly consistent with what I am hearing from the other side of the table. I have a question directed to Ms. Godfrey and Ms. Walters, and a brief comment.

I am very pleased, that you all are here this has been a very helpful panel to me in a number of respects. You have each provided some very significant input. Dr. Silbert is testifying at my request I have seen the work that she has done for some 8 years now in Delancey Street. When I was a freshman member of the California Legislature serving along with my distinguished and more senior colleague, Mr. Dixon on the Criminal Justice Committee 8 years ago, I heard Dr. Silbert testify in Sacramento before the Criminal Justice Committee. At that time, as on this occasion, you were a provocative, thoughtful, helpful and constructive witness.

You have opened an office in my district in Santa Monica in the past several years. Watching this program, versus other treatment programs for people who have had very, very severe problems, I have been extraordinarily impressed by the success that Delancey Street has achieved. It was for that reason that I was very, very pleased to request that the committee invite Dr. Silbert to testify. The views that she provides are extraordinarily important for us to hear and to hear carefully.

I have witnessed the success of Delancy Street, and it is unique. I am pleased that she has been able to provide some of this input to us.

In regard to the question raised by the chairman, about people visiting the program, I have visited Delancey Street and, it is very, very impressive.

I have a question for Ms. Godfrey and Ms. Walters.

In your testimony in particular, Ms. Godfrey, you talked about intervening with kids in a preventive area and I know Ms. Walters has been a leader in this area. Ms. Walters, I have respected your leadership for years on the Board of Education. I am interested in knowing what works when dealing with kids in a preventive arena. What peers or others can best reach kids in terms of convincing them that they should not be taking drugs?

We have tried at a variety of levels, sports heros, basketball stars, and others, and it seems to be falling on deaf ears. I am curious how you get to the kids, whether on the high school level or below, in terms of preventing drug abuse. Who do they listen to and how do you get them to listen?

Ms. GODFREY. I believe that young people listen to young people.

I can talk. The teachers can talk, the deans can talk. They hear us but when it comes from someone of their own liking, of their own cultural background, their own age level, then it begins to mean something.

We do use peer counselors. Through the groups the young people have an opportunity to talk with each other. They are guided by an adult who is trained but there is a tremendous amount of personal and self-respect of each other in the group. They will actually come to us and say, Mel is high today, can you help him?

Mr. LEVINE. What is the effect during the World Series of having Reggie Jackson on television, does that help or is it a waste of money?

Ms. GODFREY. I don't think it is a waste of money. We are talking about a person who everyone knows and respects. Everyone feels good about him. They know in the baseball field there are a number of young people who have fallen into a trap and they know by watching Reggie Jackson or whoever, that they don't have to fall into the trap to be successful.

Mr. LEVINE. You are saying the most important intervention is with their peers, other younger people?

Ms. GODFREY. I would agree with that. I believe they have to be comfortable where they are. They have to feel that it is okay to do something about their problem.

Mr. LEVINE. Ms. Walters, do you agree?

Ms. WALTERS. Yes, I would certainly agree with Ms. Godfrey on that. Just in observing responses of young people to adults making presentations about careers versus young people making presentations about careers, the different responses that one receives would lead me certainly to underscore what Ms. Godfrey is saying.

I would also like to say in that regard, that children and young people are very adept at locating hypocrisy and suspecting adults of hypocrisy, whether it exists or not, and when they see the kind of advertising that goes on for Opium perfume or Obsession perfume, the kind of alcohol commercials, all the beautiful people featured in the wine ad, and I do not advocate regulation of advertising, that it a first amendment issue, but I simply utilize it to illustrate part of the problem.

Probably we can all remember when we were young people, what we wanted to do more than anything else was to be grown up, and we wanted to act like the grownups around us, so we as adults have a real responsibility throughout all walks of life to think about the impact that our behavior on a day-to-day basis has upon young people that might come in contact with us, and I think young people are desperate for guidance, and desperate for sincerity, and not just someone preaching at them, telling them to do something because they said do it.

I think young people are deserving of respect, and sometimes we as adults do not feel that we need to earn the respect of young people and we have to work at that and we do try to do all of those things that Dr. Silbert was indicating in our schools, but we desperately need resources to do it, and one of the reasons that we fail so often is because we never have the adequate resources to do that.

Kids get lost in classes of 30, 40 students. Counselors in our school districts have to work with 600, 700, 800 youngsters. They become paper pushers.

We hire very highly qualified people who are adept at training to work with young people and they have to sit behind a desk working with papers all the time and don't get to interface with the young people. It is a job that is doable, but it is a job from our perspective in the schools that we must have additional resources.

There is no girth of ideas, and Ms. Godfrey has certainly been a leader in terms of Project Impact and the other schools where it is expanding, but again, it is a scale of priorities.

It is always a diminishing scale of resources.

Mr. LEVINE. Thank you.

Mr. HAWKINS. One more question. We have gotten a little far afield.

I have very little patience for those who come before any committee and indicate to us that the problems from which we suffer in America today—26 million people in poverty, 60 million functional illiterates, between 8 and 15 million unemployed and underemployed people—and tell us that the problems are going to be solved by not spending money on them. It just cannot happen. Even General Motors needs some Federal assistance.

I have commendation for those who have these programs that do a spectacular job with limited resources. God bless them, but to use that as an argument against putting money into programs like WIN, summer youth employment, JTPA, Head Start, and chapter I that have been proven successful and cost-effective is silly. This little bill that we started is a drop in the bucket. I am ashamed that that is all we have.

We are not going to rehabilitate individuals and keep young people from being drawn into the drug problem unless we spend money on providing work opportunities and prenatal care for pregnant women and a host of other services. Dr. Silbert, your program, cannot provide these services.

Ms. SILBERT. I didn't do a good job in what I wanted to say.

Mr. HAWKINS. We need to put money into education, that is wrong?

Ms. SILBERT. No, I didn't mean to say that. What I meant to say is we can never put enough money in my opinion to answer the issue and so we need to think of some ideas to supplement all of that for the people who fall through without money.

Mr. HAWKINS. You also said we cannot solve the problem with money. We are not going to solve it without money. If you can show me that, I would like to know how you do it. We have got to get away from this idea that you can go back to Washington and cut budgets and reduce these programs. It is time that we stop talking that way because that way doesn's work.

Now, your program is a small program and I commend you on it, but to say that you do that and then we eliminate these other programs that we are talking about——

Ms. SILBERT. I never meant to say that.

Mr. HAWKINS. Does it take money to reduce classroom sizes, to pay teachers?

Ms. SILBERT. Absolutely, and in addition to all of the money, I believe anyway, that we need to teach people to pool their resources and develop their own strengths, and I think both of those things are going to have to happen. That is just my prediction.

Mr. HAWKINS. May I ask one more question.

Ms. Walters, you indicated that the impact model which you spoke about has been put into operation in seven schools.

I am not aware of any schools—may I ask you whether or not any of those schools are located in an area such as mine?

Ms. WALTERS. Yes, you may, Congressman, and I can assure you that they are spread throughout the LA unified school district and would be in your area. You represent Freemont High School.

Mr. HAWKINS. Freemont is one of them.

Ms. WALTERS. Yes, and we have now spread it to 14 schools.

I was looking for another school that you might represent. Dorsey High School, I don't believe you represent, that is Congressman Dixon's district. Crenshaw High School.

Mr. HAWKINS. That is in Mr. Dixon's district.

Ms. WALTERS. The 14 schools are spread throughout the district.

Mr. HAWKINS. Another question. By the way, Chief Wade you did have a representative who testified before the Education and Labor Committee a few months ago and did an excellent job. The omnibus antidrug bill was fashioned after his testimony, and his testimony helped. Sometimes you do get results. I wanted to ask you who pays for the use of LAPD or sheriff's personnel? Should it be a school cost or taken out of the budget of those respective agencies?

Mr. WADE. In LA, all of the police officer salaries come out of the LA Police Department budget. There was no additional funding provided by the city council for that.

The problem is so great and all traditional enforcement efforts are not being successful, that it is imperative that you dip down into your own hide and pull out whatever resources you can to attack the problem, and we did that.

At the same time, we are seeking funds from private organizations and also from governmental sources.

Mr. HAWKINS. I commend you for not passing the buck. You assume it yourself but I was curious as to whether or not some of that money might be allocated through the school system as well, inasmuch as it is on the school ground and should it be allocated to education or law enforcement.

Mr. WADE. There is a tremendous amount of logistic——

Mr. HAWKINS. Or shared by both of them?

Ms. WALTERS. We have allocated in the neighborhood of $45 to $50 thousand as support for the DAR program.

Up until that time it was entirely supported by the Los Angeles Police Department.

Mr. WADE. There are some logistical costs that could be funneled through the schools or other police. Workbooks, supplies, the cost runs in the neighborhood of $250,000 a year for our program. Those types of funds could——

Mr. HAWKINS. How could we expand it? Should we look to the school system to expand the program. Because I think your resources would be limited particularly if you continue to shift personnel.

Ms. WALTERS. Ms. Godfrey was reminding me that about $280,000 of school funds go into Project Impact, and those are funds frequently out of the educational budget.

Sheriff Block mentioned his efforts to get part of the lottery money set aside. As one who has opposed the lottery for anything, but we have it, Sheriff Block did not mention that the lottery was a constitutional amendment in California. That was the basis of a lot of the objection, that it was stated in the amendment itself that the funds were to go to support education.

Mr. DYMALLY. Not all of the funds were to support education?

Ms. WALTERS. The 34 percent that is supposed to go to education came through the university level in the state.

Ms. SILBERT. That subject is irrelevant to this hearing. The advertising of the lottery system does a great disservice to education, because it gives the general public the impression that all of the lottery money goes to education, and there is no need for any citizen to be concerned any more.

Ms. WALTERS. I quite agree with you, Congressman Dymally. It has had a more harmful effect on our need for funds, and our acquisition of monies from the state than it has had a helpful effect.

Mr. RANGEL. Congressman Levine.

Mr. LEVINE. Thank you, Mr. Chairman.

I am in 100 percent in agreement with my close friend and colleague on the position he takes with regard to resource allocations. One of the most frustrating things to me as a Member of Congress and of this committee, is to hear the rhetoric that comes from the administration on this issue and, on the other hand, and witness the cutbacks to vital drug prevention programs.

We all know that we have been giving short shrift to resources in educational and treatment drug enforcement and interdiction area, and drug erradication.

Every single point that my distinguished friend, Mr. Hawkins, makes with regard to education is 100 percent valid. And I didn't hear Dr. Silbert saying anything different.

She is talking about a particular program and in that conversation, although she was emphasizing the refusal of her program to accept Federal resources, I didn't hear anything in that testimony that would be inconsistent with any of the testimony from Mrs. Godfrey, Mrs. Walters or comments from Mr. Hawkins. We all know resource allocation needs to be significantly expanded.

That being said, we do have a unique and successful program on a different model and in a different arena, but the positions that she takes don't, undermine any of the arguments made in the drug enforcement arena, and the educational area, with regard to all of the other testimony we have heard.

Mr. RANGEL. Well, Dr. Silbert, besides pride in the fine work that you and your organization are doing, your testimony is not requesting that we do anything except to thank you for what you are doing; is that correct?

Ms. SILBERT. I was hoping to add one new perspective, that is all, not at all to take away from the ones that exist, but to add one note that in addition to everything else, I would like to see a new idea come in, which is to pool resources of the poor and teach them how to be strong, and that is it.

Mr. RANGEL. You should walk away from this committee believing that you got the committee's attention.

Ms. SILBERT. Attention I fear I got. The rest I fear I did not.

Mr. RANGEL. You made some interesting points in your testimony and I would like to tell you that the Congress did in part try to address that in the omnibus bill. First of all, it is very, very difficult to get this administration, or any previous administration, to focus on these drug-producing countries that are clearly violating bilateral and international agreements.

It is amazing the blindness of the State Department in any administration, and I defy anybody to point out to any statements ever made by Secretary Shultz, whether at the United Nations or anywhere. But what we have done in the bill is to force the President to certify that these countries are cooperating with our efforts to eradicate, which means that the sanctions in the bill would not only deny them most favorable treatment but deny them military and economic assistance, and it is hoped that the monies in the bill would have the stick-and-carrot approach to that.

Where we did fail is protection of our borders.

We did have provisions in the House bill. The House overreacted and clearly was giving the military unconstitutional authority to make civilian arrests. The Senate, instead of taking the good part of the proposal rather than the amendment proposal, dropped the entire provision, and so Caspar Weinberger no longer considers our borders as a part of the national defense, but we do hope to bring that to his attention again with the start of the 100th Congress. I wanted you to know that your objections were taken into consideration in the bill.

This has been an exciting panel. The California delegation is privileged to have such thought-provoking people and programs, and we look to California for aggressive leadership that you have provided in the past.

You have a lot of catching up to do in your current budget situation, but we look forward to working with you and thank you for your testimony and the time you have given to address this problem.

Now, for the last panel, we have Ted Hunter, special agent in charge, Drug Enforcement Administration. Ted, this committee wants to thank you for more than two decades of service to your Nation in the area of law enforcement. We are confident that while you soon will be retiring, that we still will be able to call upon your expertise in this committee and the Congress, and we thank you you for the services that you have rendered to the agency as well as to your country.

Mr. HUNTER. Thank you very much, Mr. Chairman. I appreciate your remarks.

Mr. RANGEL. You will be joined by William Logan, Coordinator, Operation Alliance, U.S. Customs; Capt. Terry L. Lucas, Chief of Staff of the Coast Guard; John Shaw from Immigration and Naturalization. Congressman Roybal probably would be able to shed some light on the immigration bill. I think that we can have some citizenship offices open for those who do agriculture work and get this thing started.

Mr. DYMALLY. Are you talking about the agriculture bill or the immigration bill?

Mr. RANGEL. It is citizenship. Also Congressman Hawkins would like to join this panel. Leo Mouton—is Leo Mouton here? You can sit there, and we will find a seat for you. Mr. Mouton is the deputy director of the Greater Los Angeles Counsel for Deafness, and we want to hear what you have to say.

We will start off now with Ted Hunter, special agent, DEA.

TESTIMONY OF TED HUNTER, SPECIAL AGENT-IN-CHARGE, DRUG ENFORCEMENT ADMINISTRATION, LOS ANGELES DIVISION

Mr. HUNTER. Mr. Chairman and distinguished members of the committee, you have my previously submitted prepared statement. I would like to briefly summarize my statement.

Mr. RANGEL. Let me ask all of the witnesses to do that and if the committee has no objections, your entire written statements will be placed into the record at this time. The chair, hearing no objection, so rules. Thank you.

Mr. HUNTER. Thank you, Mr. Chairman.

As a special agent in charge of the Los Angeles field division, my area of responsibility includes the central district of California, the seven counties encompassing some 42,000 square miles with a population of approximately 13 million people. In addition, I have responsibilities for the State of Nevada, the State of Hawaii, the Territory of Guam, the Trust Territories of the Pacific Islands, and the Commonwealth of the Northern Marianas. DEA has a staff of 282 people to cover that area.

As to the trends regarding what DEA seizes in illicit narcotics in this part of the State, Mexico continues to be a prominent source of supply for heroin in the Los Angeles area. In 1984, the Los Angeles division accounted for 10 percent of DEA's heroin seizures. In 1985, the figure climbed to 50 percent. Los Angeles is a major transshipment point for Mexican brown heroin to other cities in the United States.

In the Los Angeles division, Mexican brown tar heroin is replacing the traditional Mexican brown. There are two other types of heroin in Southern California coming from Asia. Cocaine is readily available throughout the division. In the Los Angeles area, it is not uncommon to find traffickers with 100 kilogram quantities of cocaine for sale. Cocaine-related deaths in the Los Angeles area have tripled during the past year.

Cocaine is transported into the Los Angeles area by all methods of transportation. The upper levels of traffic are controlled primarily by Colombian nationals and secondarily by Cuban nationals. Prices remain stable and low at the wholesale level, presently between $20,000 to $40,000 per kilogram. Rock cocaine, or crack, as it is termed on the east coast, was first encountered in the Los Angeles area in 1981. It is sold at a cost of $35 per quarter-gram. Rock is packaged in all the usual forms.

Currently, our information indicates that although rock is readily available it remains at the street level and is not found in the epidemic proportions that are being encountered on the east coast.

In the area of dangerous drugs, Los Angeles remains the primary illicit manufacturing center of PCP. Methamphetamine remains available throughout the Los Angeles area. The main thrust of our enforcement strategy is focused upon working very closely with state and local law enforcement agencies within the division.

The focal point is to work ad hoc cooperative investigations with other enforcement agencies to curtail illegal drug trafficking through asset seizures. These cooperative efforts have resulted in a tremendous amount of assets seized during 1985 in the division. With 7.8 percent of the total DEA strength, we seized approximately $54 million in actual cash or property. This represents 14 percent of the agency's total asset seizures for 1985.

The Los Angeles division was responsible $9 million, 33 percent of the agency forfeiture totals for 1985. As permitted in the Comprehensive Crime Control Act of 1984, DEA has authority to share a portion of seized assets with any state or local participating agency.

During fiscal year 1986, examples of such returns are: $1.8 million to the Anaheim Police Department in cash; $460,000 to the Orange County Sheriff's Department in cash; and approximately $2 million to the Los Angeles Police Department in cash. I might add that we have some $20 million still pending in that pipeline.

Mr. Chairman, in summary, we have achieved significant enforcement accomplishments. Without the close cooperation of law enforcement agencies within the division and elsewhere, many of thee successes would not have taken place.

Thank you very much.

[The statement of Mr. Hunter appears on p. 207.]

Mr. RANGEL. Ted, we have a problem with these successes, to be perfectly honest with you. There is no question that with the resources that you have in DEA that you are doing an outstanding job, especially taking into consideration that you probably have the same number of people today as you had in 1976, notwithstanding the fact that the problem has grown immensely.

But in terms of whether we are holding our own, and since you are leaving the agency, can you give us your candid observation as to what is coming into this country as opposed to the successes that you have testified as relates to seizures?

Mr. HUNTER. I have tried to be candid throughout my entire career. The problem from an enforcement standpoint is astronomical. It has and continues to be so. Enforcement is not the only answer. We are one facet of the total strategy. Los Angeles has an epidemic drug problem. Almost any drug imaginable be it illicit or licit, is readily available in this part of the State, if not throughout the entire State.

We have had one measure of success through enforcement. There are many others. As indicated by the speakers that have been before me, treatment, prevention, and education are certainly all necessary.

Mr. RANGEL. But we have to really take your testimony in that broad perspective because while you share with us that you have seized a thousand pounds of cocaine, then we read in yesterday's Times that in Miami they had 4600 pounds of cocaine. So you are doing the best you can with what you have to work with, but obvi-

ously law enforcement, through the DEA, is not going to have any substantial effect on the amount of drugs that are on our streets. Is that a fair statement?

Mr. HUNTER. That is a fair statement.

Mr. RANGEL. It seems to me that we shouldn't be resisting putting together all the agencies and seeing whether we can come up with a better strategy.

Mr. HUNTER. We can always improve, and I think I have seen in my 21-year career at the Federal level all types of improvements. There is always room, and I would be the first one to acknowledge that we have to do better, we have to try harder, we have to keep up with our adversaries, the drug traffickers who are always one step ahead of us.

Mr. RANGEL. You are leaving, but I don't know who is in charge of this national effort. I have been involved in this business now for 20 years myself. You know, it can't be called to term. Anyway, you haven't left yet. We will talk about it. Let's hear from the Customs, Mr. Logan.

TESTIMONY OF WILLIAM LOGAN, COORDINATOR, OPERATION ALLIANCE, U.S. CUSTOMS

Mr. LOGAN. Thank you, Chairman Rangel, members of the committee. As the Regional Commissioner of Customs for the Southwest, and as the head of Operational Alliance, I welcome this opportunity to discuss Customs' role in the enforcement of drug laws on this country's Southwest border and particularly on the California-Mexico border.

As the committee knows, Commissioner von Raab has made drug law enforcement one of the top priorities of the Customs Service. It is his opinion and mine that the drug smuggling threat into California and into other Southwest border States is just as serious today as it was in January of this year when this committee last visited the Los Angeles area.

The fact is narcotic producing countries continue to throw a flood tide of illegal drugs at our borders each day even as we begin to utilize the new resources and authority that the administration and the Congress have provided to battle back.

The traveling public is already feeling the impact of Customs' Operation Alliance related actions. Blue Fire, or Customs' contribution to Operation Alliance, has taken the form of intensive searches of a great many more cars and commercial vehicles than usual. It has consisted of more extensive use of new inspection technology, such as fiber optics and ultrasonic rangefinders, good for detecting narcotics in hollow door frames or truck beds.

Dog team seizures of cocaine thus far this year are up 300 percent over fiscal year 1985.

On the air side, in southern California, some slots will be used to man and maintain new air assets already operating out of the Customs San Diego Air Branch. Air personnel staffing increases are also planned for Customs' Riverside Air Facility.

Other resource initiatives announced as part of Operation Alliance have borne fruit in the final days of Congress. The recently passed drug bill authorizes the purchase of several aerostats de-

signed to detect low flying drug-smuggling aircraft. At least one of these will be deployed in southern California. In addition, Customs will soon receive from the Navy two E2-C's enabling us, for the first time, to deploy 360-degree "lookdown" radar exclusively against air smugglers. They will be spending much of their time over the United States-Mexico border as long as the air threat from Mexico persists.

Customs continues to maintain that Mexican overflight privileges would greatly enhance our ability to detect and capture many more air smugglers who are using the remote air strips and small town airfields in northern Mexico to stage their operations. Short of gaining these privileges, Customs has had a need for more comprehensive low-level radar coverage on this side of the border.

Installation of the four aerostats over the next few years will provide a tough line of defense that will make even the most experienced air smuggler think twice. In the short run, however, the 360-degree radar of the E2-C aircraft soon to be operated in the Southwest will make things very difficult for airborne drug runners.

Customs is also taking an aggressive stance on marine smuggling off the California coast. As you may know, heavy seas and a lack of natural geographic "choke points" in the Pacific create a marine enforcement environment very different from that found in south Florida or the gulf coast.

As a result, Customs relies more on intelligence and the electronic tagging devices in its marine effort in the Pacific. Once violators are known to be making their way back to the U.S. territorial waters, Customs is utilizing its floating radar platforms and P-3A Orions to locate and apprehend them.

Needless to say, as a result of these efforts, drug smugglers in southern California can expect to run greater risks than ever before.

Additional good news in the war on drugs is the fact that the drug legislation signed by President Reagan this past Monday provides Customs with greatly enhanced legal authority to put more drug smugglers away for longer periods of time. Most importantly, the bill increases penalties for violation of customs drug laws across the board. It provides Customs with greater authority to stop drug-smuggling operatives from spiriting their drug cash profits out of the country.

It enables Customs to exchange valuable information with officials of other countries who may be able to help in the drug war. It tightens up reporting requirements for boaters and makes illegal the airdropping of drugs or other contraband from aircraft to waterborne accomplices—a favorite smuggling technique in south Florida and the Gulf of Mexico.

The committee should realize, however, that Customs is doing more than preparing to deploy new assets, hire new agents and flex its new legal muscles. Customs is employing techniques that have worked effectively in south Florida and are now beginning to work in the Southwest. The key theme is state and local enforcement and public involvement in the drug war.

Similar to the successful customs Blue Lightning Operation used in south Florida early in 1985, and since institutionalized there,

Customs officials under my direction in the Southwest and Pacific regions are working more and more closely with state and local law enforcement officials.

Customs has and will continue to provide these state and local officials with training, equipment such as voice private radios, and access to tactical information and intelligence which will enable them to provide invaluable assistance to Customs and other Federal law enforcement agents hot on the trail of drug smugglers.

Commissioner von Raab has recently spent several weeks meeting with sheriffs and heads of State police organizations from San Ysidro to Brownsville to Miami to thank them for their contribution and encourage them to continue taking advantage of these newly formed alliances.

Mr. RANGEL. Have you completed your testimony?

Mr. LOGAN. I have.

[The statement of Mr. Logan appears on p. 223.]

Mr. ROYBAL. Customs comes under my committee, and while I understand why you are saying that the top priority of Customs has been the reduction of narcotics coming into the United States, and while I agree that most Customs agents believe that, the truth of the matter is that Customs has not been able to follow through on this position.

I think that Customs, which is one of the most efficient and the most effective agencies in this country, is not getting any support from the administration, nor is it getting any support from the Customs Commissioner. Let's go back a couple of years.

Last year, for example, the recommendations coming from the administration were to reduce Customs personnel by seventeen hundred and some positions. We didn't do that. They also recommended that the budget for Customs be reduced by a nonacceptable percentage point. The committee put that money back in again, put back the personnel, and the President vetoed that bill. Now that is concrete, hard evidence of the fact that you are not getting the help that you should.

This year the recommendation by the administration and from Mr. von Raab was that the personnel in Customs be reduced by 1576 positions. We in the committee raised it back to 1776 positions. We also added an additional 850 positions and we added back the two sophisticated aircraft that the President vetoed last year. We also made available funds for more dogs to be used by Customs, which the President also vetoed last year. We were trying to make available what is needed by Customs to do its job.

I have a great deal of respect for Customs, but I think Customs is being shortchanged by the administration in the recommendations that are being made. This is proven by the vetoes that have taken place and by the annual recommendations to reduce Customs' budget.

In fact, I think you will remember that just 4 years ago I and members of my committee had to fight another proposal by the administration to merge Customs with Immigration. There would have been no separate Customs Agency. Now you would all be working under the Immigration Service.

Now I don't know who came up with that bright idea, but we sure stopped it. And then there was a proposal to dismantle the

Bureau of Alcohol, Tobacco and Firearms, about four years ago if I remember correctly, we refused that request, and put those moneys back in for BATF to continue operation.

I am most interested in what Customs is doing. I have been all over the country looking at your operations. I went to Hawaii, for example, and found what was being done there with the interdiction of narcotics. Do you know that Customs does not have a single dog in all of Hawaii that is used for the interdiction of narcotics, except one that is borrowed from Post Office? There is only one dog in all of Hawaii, and that animal can only work three hours out of every 24.

So the rest of the time there is no dog sniffing the packages that come in from Hawaii, and it is well known that the marijuana that is grown in Hawaii, which is very high grade, is sent by mail to the mainland. Customs knows that. But I feel sorry for those agents because they sit there and say, "What can we do?" They know what can be done but the administration is not helping out.

I know you have heard this before and you have heard me say this before. But I wanted to again stress that even though Customs is an excellent organization, and does a fine job with the resources it has, it could do a lot more if the administration stopped trying to reduce Customs personnel and budget which prevents you from doing one of your prime duties, the interdiction of narcotics.

Then one more thing. I defend Customs because the personnel that I have met are all excellent individuals, but I also defend Customs because it is a revenue-producing agency of the Federal Government. For every dollar that we spend in Customs, we get $17 in return. Any business man would be happy to go into a venture where he or she could set back $17 for every dollar invested. I would be happy to go into a venture such as that anytime.

I am going to let it be known at every meeting that I go to that an important agency is not getting the help that it should have from the Federal Government, and that we in the committee are going to do everything we can to help you in the near future.

I know it is not a popular stand with the administration, but I feel you fellows are getting rooked right along. They are patting you on the back and at the same time taking away the very tools that you need to do your job.

Mr. RANGEL. Mr. Logan, recently Commissioner von Raab said that our borders were a sieve for drugs coming into the United States. What percentage do you use now as to what is being interdicted by Customs as to drugs coming into the United States?

Mr. LOGAN. We base our estimates on national intelligence estimates.

Mr. RANGEL. What figures are you using now?

Mr. LOGAN. About 30 percent on marijuana, Southwest border, 30 percent on cocaine and I believe just under 30 percent for heroin.

Mr. RANGEL. How do you explain that? In your testimony today you talked a total number of pounds of cocaine seized so far this year is over 1900, and then, just as a matter of fact, we pick up the Times and they talk about a Customs-DEA seizure of 4,600 pounds of cocaine. Is there any relevancy to the—you know, you have one annual amount, this is just one seizure here, twice the amount.

Mr. LOGAN. I think there is some relationship between the two. Many of the techniques that the smugglers have used in the Southest we are onto and are beginning to use those in the Southwest. For about the last 5 years Miami has been that focal point, the Southeast coast has been that focal point for drugs coming in from Central and South America. That is beginning to change.

Much of the poundages that you would see in the Southeast are beginning to show up in the Southwest. I don't know of 4,600 pounds of cocaine, but we have, between DEA and various smuggling operations, have received 600 or 700 pounds of cocaine. We are trying to take the techniques learned in the Southeast and apply those in the Southwest, with whatever type of changes are needed for our geography here, and they are beginning to work.

Mr. RANGEL. That is what I don't know, because the impression from your Commissioner that if we doubled the Customs agency and did bring in advanced technology, that our borders are so wide open that we would not make any appreciable decrease in the amount of drugs coming into our country.

Mr. LOGAN. I would never contradict my Commissioner.

Mr. RANGEL. Do you share that view?

Mr. LOGAN. No, sir, I don't.

Mr. RANGEL. He makes it publicly.

Mr. LOGAN. I think what the Commissioner is talking about is what we have to work with now. I think we are starting to make dents in it. I don't think we have made an appreciable decrease in it yet, but I think it can be done.

Mr. RANGEL. It is confusing, to say the least, that the administration is constantly cutting back on the resources as the Congress pushes you to do more and to be more successful in this thing. But you are not the person that is able to respond to the queries that he was talking about, and I doubt Commissioner von Raab knows what is going on, but we can't find who is in charge of, who is coordinating this effort. You wouldn't take a guess as to what name I should look to in Washington?

Mr. LOGAN. The particular instructions I am operating under, Mr. Chairman, or my direction would come from the Attorney General and the Vice President, through NNBIS, as a part of Operation Alliance.

Mr. RANGEL. The Vice President?

Mr. LOGAN. Yes, sir.

Mr. RANGEL. It is that bad. OK. Mr. Dymally.

Mr. DYMALLY. I have occasion to enter a port every now and then and I find that our custom officers are very dedicated people but wholly understaffed. I never pass through a customs without someone whispering to me about being cut back in overtime or cut back in staff.

With reference to Hawaii—and I want this in the record—they are so interested in trying to find out what suits you bring in from Taiwan that they let narcotics people get by. They are the most hostile customs port of entry that I have encountered in 40 years of travel, even rude to Members of Congress, and I have been waiting for an appropriate committee hearing to echo my frustrations.

In fact, I plan to visit Hawaii some time just to complain to the director there about the treatment accorded to Congressman Dixon

and me in 1981, where the supervisor deliberately took us away from one line into the police line and harassed the heck out of us. I complained to Congressman Heftel about it and I have an opportunity to put it on the record. In fact, I have been known to fly from Tokyo to Seoul just to avoid going into Hawaii, because they are so hostile.

And this doesn't only come from me. I see one of my constituents shaking her head. I have had complaints from people traveling abroad that they would avoid Hawaii. I met two Americans at the Northwest ticket counter in Seoul who were trying to rearrange their travel to avoid going to Hawaii and went all the way to Alaska and Seattle because of the harassment there.

I think they need to be vigilant, but there comes a time when vigilance becomes hostility, and it seems to me they need to concentrate on narcotics rather than people bringing in suits from Seoul.

Mr. LOGAN. I have made notes of that.

Mr. RANGEL. Captain Lucas.

TESTIMONY OF CAPT. TERRY L. LUCAS, CHIEF OF STAFF, ELEVENTH DISTRICT, COAST GUARD

Captain LUCAS. Mr. Chairman and members of the committee, I am Capt. Terry Lucas, Chief of Staff of the 11th Coast Guard District, and I am here today representing Rear Adm. A. Bruce Beran, the Commander of the 11th Coast Guard District. I am pleased to appear here.

The use of illegal drugs does represent a threat to our society. The Coast Guard has the responsibility to counter the flow of illegal drugs into the United States from the maritime region. All 11th Coast Guard District units are used in our law enforcement efforts. The drug-smuggling threat in southern California is much different from that found in the other areas of the United States, and I echo Mr. Logan's remarks on the difference.

The geographic distribution of islands does not exist on the west coast. Unlike the Caribbean, we have no natural choke points that the potential smuggler must pass through. That does not enable us to control the Coast Guard units as efficiently as we can in the Caribbean. That is important to us. We are confronted with illegal substances coming from both Central and South America, to South and Southeast Asia to the west.

Contraband encountered has included marijuana from Thailand, marijuana and cocaine from Colombia, and marijuana and heroin from Mexico. The smuggling tactics involve bringing fast, small boats onto secluded beaches, using pleasure craft to blend into the enormous recreational boating fleet, secreting contraband on board large merchant ships, and hiding it within shipping containers.

We have found that west coast smuggling rings are extremely well organized, tightly controlled, and well equipped. There have been cases in which smugglers have moved their operations to the west coast due to their perception that less competition exists and the area is wide open. We are doing our best to ensure that any such movement is unsuccessful.

We are hampered, however, by a lack of intelligence on which we can base our efforts. We are unable to accurately determine the extent of the problem. Street supplies of illicit drugs remain at high levels, as levels of purity increase and prices decrease. Although 11th Coast Guard District units boarded over 1,000 vessels during the past year, actual drugs seized have been sparse. Fruitful interdiction results mainly when our efforts have been coordinated with investigations conducted by the Drug Enforcement Administration, U.S. Customs, and State and local law enforcement agencies.

Recent cases in which we have acted with these other agencies have resulted in seizures of cocaine and marijuana. Contraband was hidden inside fuel or oil tank, and would probably not have been detected without specific intelligence. By expanding this type of cooperation among all the agencies involved, we will have a pronounced impact on the smuggling trade.

Toward this end, Coast Guard special agents are assigned to work closely with representatives of other agencies. Coast Guard representatives are on Organized Crime Drug Enforcement Task Forces, and we also participate in a task force involving local and county authorities in the Los Angeles area. Two vessels and approximately 10 tons of marijuana were seized in May 1985 as a result of an investigation conducted by this latter task force.

Progress is also being made in other areas. Steps have been taken toward the development of a better working relationship with the Mexican authorities. Coast Guard cutters have made calls in Mexican ports with the specific object of creating personal contacts with our counterparts in the Mexican Navy. Rear Admiral Beran will be meeting with commanders of west coast Mexican naval zones during the next month.

In addition, extended operations such as Hat Trick I and II have also projected the Coast Guard presence to the shores of countries which have been the traditional sources of illicit narcotics. U.S. Navy assets, both surface vessels and aircraft, are playing an increasingly larger role, and the law enforcement role of the Coast Guard Reserve has expanded significantly.

Briefly, what I have given you is a 4-minute 30 second summary of my remarks. We are strongly committed to the prevention of smuggling of illegal drugs. I hope that our efforts will play a significant role in stopping the threat to our country. I realize they presently are not. This concludes my statement, Mr. Chairman. I will be happy to answer any questions which you or the Members of your Committee may have.

Mr. RANGEL. Thank you so much, Captain.

[The statement of Captain Lucas appears on p. 236.]

TESTIMONY OF JOHN F. SHAW, ASSISTANT COMMISSIONER FOR INVESTIGATIONS, IMMIGRATION AND NATURALIZATION SERVICE

Mr. SHAW. Mr. Chairman, I well recognize that the stated purpose of these hearings is to focus on the particular problems of narcotics control in the Los Angeles area. Consequently, I have brought with me for follow-up questions people with special local

expertise, namely Ernest Gustafson, the district director of the Los Angeles District, and Alan E. Eliason, chief patrol agent of San Diego, who is also a key management participant in Operation Alliance.

I head the investigations program in Washington and bring with me, therefore, a Washington orientation for devising some of the policies that have to be interpreted and implemented in the field. I therefore asked Mr. Eliason and Mr. Gustafson to perhaps comment more specifically on how those policies and most recent program emphases affect narcotics from their perspective in the local area.

Narcotics control is not the primary mission of the Immigration and Naturalization Service, we realize controlling aliens is. The large percentages of narcotics violators who are aliens move the INS into the narcotics enforcement arena in support of the primary narcotics enforcement and intelligence agencies, such as the DEA.

We defer to DEA's expertise in responding to questions posed by this committee relative to what drugs are most frequently trafficked in the Los Angeles area, where they come from, and how they are distributed. What we can comment on is our investigations of organized alien crime groups and smuggling organizations, many of which deal in narcotics.

During 1985, in 2,400 incidents, INS officers nation-wide effected the seizure of controlled substances with an estimated worth in excess of $129 million. During the first 11 months of fiscal year 1986, in 3,000 separate incidents, INS officers nation-wide seized narcotics with a total estimated value of $170.4 million, more drugs than ever before in INS's history. Notable seizures include Los Angeles inspection's interception of 13 pounds of "China white" heroin worth an estimated $20 million; the Border Patrol's seizure recently of 217 kilograms, 478 pounds, of cocaine valued at $15 million at the San Clemente checkpoint; and the Border Patrol's seizure of 1,185 pounds of cocaine worth $56.6 million near Campo, CA, recently.

Recently completed investigations by our antismuggling officers also indicate a trend whereby some aliens have been detected and apprehended carrying small amounts of cocaine into the United States to help defray fees demanded by smugglers for effecting their passage.

During 1985, over 13,000 criminal aliens wanted for violations of Federal and state laws, including narcotics violations, were apprehended by INS investigations and placed under deportation proceedings. Through the end of the third quarter of this fiscal year, fiscal year 1986, agents completed 8,800 investigations of criminal aliens, including those who had violated controlled substance provisions of the law, through the arrest and initiation of removal proceedings

Investigations with the national strength of only 690 agents targets aliens in the interior of the United States and respond both proactively and reactively to criminal aliens, many of whom are involved in the trafficking of narcotics. We actively investigate criminal alien organizations, including drug syndicates of foreign origin. We join in multiagency task force operations targeting narcotics

violators and participate in intelligence-sharing efforts with other agencies.

We also participate in followup efforts to identify convicted offenders for apprehension and removal from the United States through deportation proceedings. We recently completed and are presently implementing a three- phased strategy called the Alien Criminal Apprehension Program, a copy of which I previously furnished to you for your staff's review and interest. The purpose of this alien apprehension program is to more effectively address the problem of criminal aliens, including narcotics violators in our midst, and to assure more rapid removal under deportation proceedings. While INS is not primarily a drug enforcement agency, we will not avoid actual involvement in narcotics law enforcement matters where violations of the immigration laws are part of the criminal activity.

We trust our initiatives will continue to provide a more effective deterrent to those who would violate this nation's drug and immigration control laws.

Thank you for the opportunity to appear before your committee.

[The statement of Mr. Shaw appears on p. 241.]

Mr. RANGEL. Thank you, Commissioner. I find it difficult to separate the immigration laws from narcotic law enforcement along our borders. I look at immigration and Border Patrol as there to stop aliens from bringing drugs into the United States. You seem to say that you yield to the expertise at DEA.

Mr. SHAW. As the primary drug law enforcement agency.

Mr. RANGEL. Everybody is talking about what other people's function is. DEA says that stuff is pouring in across the border, and they are doing the best they can. I want to see who is in charge of the borders. Immigration says that is DEA. Really, it is what Congressman Roybal is talking about. How many people do you have on the borders?

Mr. SHAW. We have 3,500 Border Patrol Control agents assigned to all borders, primarily the southern border.

Mr. RANGEL. At any given time we have less than 1,000?

Mr. SHAW. True.

Mr. RANGEL. We can give up, if we are depending on less than 1,000 people protecting our borders, to prevent illegal aliens coming in, DEA says it is not their mission, and Customs says it is a seive, so we don't know who is going to come up with an answer as to who is going to come up with a better job at our borders.

The members talked about stories, experiences they had, not too long ago I had the occasion to visit our borders in San Diego, and I wouldn't have believed it if I didn't see it myself, where the Border Patrol pointed out hundreds, thousands of Mexicans on our side of the border, waiting for the sun to go down so they could rush across the San Diego line and they tell me, if you got the time, you can see that every evening, and Customs picks up some, takes them back over, and they come back the next day.

Do we still have that exciting event taking place daily?

Mr. SHAW. I believe so, Mr. Chairman, and pending some more effective sanctions to preclude open entry across our borders, for whatever reason these persons still come. This has been the subject

of congressional debate for the last 9 years, certainly from the aspect of immigration control.

You mention narcotics control, but since my time at INS and 20-plus years at Justice, I have listened with interest on how to effectively control the surge of illegal entrants across the borders of the United States, with little by way of sanctions, other than an expeditious return south of the border.

Mr. RANGEL. We are talking about violation of our drug laws, too, and it is hard for me to really believe that providing sanctions in our immigration laws is going to stop these people from bringing drugs into the United States. They are not actually coming for a job where the employer would be penalized if they didn't produce the papers. Drug pushers don't fill that route.

Mr. SHAW. In the waning days of Congress, in your omnibus drug bill, there are some very important provisions that impact the Service relative to expedited exclusion and deportation provisions, and levying a requirement on the Department of Defense to come up with an alternative facilities program, to determine whether there are any excess Department of Defense facilities to help Immigration resolve this critical issue of detention space and detention funds.

Whether they are criminals or simply persons awaiting deportation hearings, the fact remains that today the Immigration Service has a very limited detention capacity.

Mr. RANGEL. I don't know whether it is a national problem, but we don't look to Immigration for anything regarding law enforcement in New York. I mean, our prosecutors don't depend on them as a force that can help them in terms of deportation, investigating felons.

Mr. SHAW. I am aware of the GAO study; I have a copy with me. I have responded to the criticism levied by Senator D'Amato, and I am well aware of the New York problem. Interestingly enough, the criminal alien strategy report which we sent to your staff gets right to the heart of the problem. Some of the New York problem is ineffective communications on our part. We have taken both remedial action and proactive steps. We are in the process of adopting a criminal alien apprehension program to address substantively the issues that the Senator and you have raised.

Mr. RANGEL. I hope at some level that you guys can get together. The Congress has gotten together and shoved down the administration's throat what we think is some kind of a strategy to effectively deal with the problem.

As long as you are restricted by the administration from telling us what you think you need to do a better job, we could be tragically missing each other in the middle of the night. I don't say that as a criticism for you, but each time we go to your superiors, we are able to do more with less, Gramm-Rudman, and Congress says we can't see where you are doing such a great job. We give you what we think you want and that is not the way to run a government.

The President did sign the bill, in any event. The only thing that means to me is that he signed the bill. I don't know what it means in terms of the spirit in which the administration is going to provide the leadership. Certainly we see the conflicts between Customs and the Coast Guard which the Congress has contributed toward

that problem. Healthy competition is good, but we may not have come up with the right answer. We don't know anyone who is prepared to give us the right answer.

If you tell us to find the Vice President, he has got to give it to us. Then we got problems in the next Congress.

Mr. ROYBAL. I would like to understand the contribution that you are making to this effort. We had testimony by the sheriff of the county of LA who said that most of the narcotics coming through the border comes by ground transportation, by bus, by car, and is brought in by individuals. Is that a correct statement, as far as you know?

Mr. SHAW. I defer to the Drug Enforcement Administration to answer that or Chief Eliason in the back, who controls that sector.

I would suspect it is a safe statement, but I don't know if it considers the problem of aircraft transportation——

Mr. ROYBAL. The truth of the matter is that the aircraft that goes to Mexico and to Central America to pick up that junk, it all originates in the United States, all American-made airplanes with American pilots. They go to whatever country and pick up the coke, and bring it back to the United States.

That was not mentioned this morning, but what was mentioned this morning was that narcotics does in fact come in by car, by bus, so forth, and then I asked the sheriff whether or not it was true that it came in through an established port of entry and he said that most of it did. I asked him specifically whether or not there was some secret place that was used for these cars to come through without running into the law, and he didn't know of any place. They come through an established point of entry, cars, buses, everything else.

Now, you tell the committee that you have 3,500 people that are in the Border Patrol. Isn't it true that the Border Patrol does not in fact stand at the border station, that the Border Patrol devotes all of its time to the apprehension of illegal aliens after they cross the border?

Mr. SHAW. No, not so, sir. First of all, the distinction is at ports of entry, there is an inspection presence. Between ports of entry is the jurisdiction of the Patrol.

Mr. ROYBAL. Border Patrol at points of entry.

Mr. SHAW. Immigration and Customs inspectors.

Mr. ROYBAL. There is a difference between the Border Patrol and Immigration inspector. The Immigration inspector is at the border with Customs, not the Border Patrol, so the Border Patrol is separate and apart from the work being done at the point of entry.

Customs is there all the time. They don't go any place else except there.

Mr. SHAW. That is not true, sir.

Mr. ROYBAL. I don't think Customs is part of the Border Patrol.

Mr. SHAW. Customs investigations and Customs partrol are between ports; they are operating between ports of entry.

Mr. ROYBAL. They are not part of the Border Patrol?

Mr. SHAW. Right, sir.

Mr. ROYBAL. What I am getting at, Mr. Chairman, is the fact that Customs and Immigration do have the responsibility at the point of entry that working together, and a lot better job could be

done if it is true that most of this junk comes in by bus and private car, I have been to the Mexican border many times and also to the Canadian border, and there is a vast difference between what is done in Canada and in the southern border.

In Canada, you wouldn't even know that there was anybody there. They just wave you through no questions asked, but yet at the border here, there are two agencies that are involved, and still the testimony is that most of this junk comes through that border in a bus or in a car.

Now, how many agents does Immigration have at the border working with Customs? Use, as an example, Tiajuana, all along the border with Mexico.

Mr. SHAW. Fifteen hundred inspectors, and over half of them are assigned to southern border inspection points.

Mr. ROYBAL. Say that 800 are assigned to that point of entry, Mr. Logan, Do you know how many Customs people are there?

Mr. LOGAN. Total inspectors within the Southwest are about 1200 within the four States.

Mr. ROYBAL. There is a great difference between what the Customs is doing so far as personnel is concerned and what Immigration is doing at the border?

Mr. LOGAN. Yes, there is. If you might allow me to help my colleague out here just a bit, beginning back in July, as part of Alliance itself, both Immigration inspections and Customs inspections began dual programs, working together. For quite some time now in the Southwest, the available lanes and port of entry, 50 percent manned by INS and 50 percent manned by Customs.

Since July, we have actually tried programs between Immigration and Customs to use both persons' resources, both the individual agency resources to concentrate on narcotic smuggling. I am not in a position to say how well that is working or not working. I am in much the same position as Mr. Shaw when it comes down to the exact number, but I know it is a program that since July, they have been working together.

Mr. ROYBAL. I am aware of that effort and the reason why it came about, and I agree with that. I think you all should work as a team at the border and there should be one Immigration officer for every Customs officer there and every car coming through should be inspected thoroughly, and that drug-sniffing dogs should be used.

The reason that most of these cars come through is because there is not enough time or personnel at the border to take care of this problem. The illegal alien is not responsible for the tremendous use of marijuana in the United States, or for the fact there is so much sold in the United States; it is the buses and the cars and the airplanes that bring it in.

If the only narcotics that came into the United States was were brought by illegal aliens it would be a problem, but that is not the case. We have to attack the real problem, and we come back to the need to pay more attention to you gentlemen who are in the front lines by giving you the personnel and equipment that you need to do the job. I don't think you are getting that from this administration.

Mr. RANGEL. Mr. Dixon.

Mr. DIXON. Mr. Hunter, I have read your testimony and ask that you please comment for just 30 seconds.

Mr. RANGEL. If the gentleman would yield, Mr. Mouton, I have not overlooked you but I want this panel to complete its testimony and then we will have you wrap it up. I am sorry.

Mr. DIXON. Comment on designer drugs and what kind of problem, if any, they are presenting.

Mr. HUNTER. Experience with designer drugs has been with the drug fentanyl, a synthetic, "China white", much like heroin. We have had two experiences in the LA area where there was a clandestine manufacturer, and because of some in-place programs we have been able to nip them in the bud.

Our greatest fear is with that type of drug getting out of hand. We have been fortunate at this point in time to keep it at a fairly minimum level of abuse.

Mr. DIXON. Thank you.

Mr. RANGEL. Any other members wish to inquire?

I hope when you do have an opportunity to get to Washington, that you might be able to express the frustrations that we have. It was a successful legislative effort, but we could have done a heck of a lot better if we had any input at all, any, and I mean exactly that, from any of the agencies that we are trying to give assistance to. Perhaps if you could share that at our hearings early next year, if we made mistakes, we hope you will be able to point us in the right direction legislatively.

Thank you very much.

Mr. RANGEL. Mr. Mouton is the deputy director for the Greater Los Angeles Council on Deafness, and we are pleased to have him, and also, Councilman Tabor, Danny Tabor, from the Inglewood area, who was expected to testify earlier. He is here with us now.

TESTIMONY OF LEO MOUTON, DEPUTY DIRECTOR, GREATER LOS ANGELES COUNCIL ON DEAFNESS

Mr. RANGEL. Mr. Mouton.

Mr. MOUTON. Mr. Chairman, members, friends, I am here today to make an awareness of a group of people who have been totally excluded out of the direct service delivery system as it pertains to people having access to federally funded services nationally speaking. We are talking about 10 percent of the population that has a profound hearing loss, a communication problem.

I will give you an example locally of an administration who has shown total lack of sensitivity to the deaf and hearing impaired. We have contacted the administration since 1982 requesting they adhere to the civil rights laws as pertains to hearing-impaired people, and we have gotten zero. Recently, a young man came to our agency requesting services and we called up the local LA County drug abuse administration office requesting services. They made three referrals, of which none could help my client. One program had one bed for all of LA County's Deaf and Hearing Impaired, a population of 500,000 people with a profound hearing loss.

We have an administration here in LA County that has zero sensitivity to the problems of the hearing impaired. We had a 26-year-old gentleman recently die because he was begging, crying for help

but nowhere to go. No communication for deaf. No sign language interpreters.

We have an administration here in LA County that instead of serving us and meeting the mandates of the law, calls each one of their own contract agencies and, asks them if they are willing to serve deaf and hearing-impaired people without training, without communication skills, and no language skill. I am pleading with you to please pass legislation, to please contact local administrators, to make it clear that deaf people, hearing-impaired people have the right to equal justice and equal services within the system.

In the packet of information that I have given you, you will see that the Office of Civil Rights have mandated our local L.A. Administration to include us in the system. It wasn't until just a few weeks ago when I contacted the local office, and I advised them they are mandated by this order, by the end of December 1986, and they have not even taken the initiative to even consider developing a viable service plan.

I give you this local example but it is a national problem, because our constituents, constituency, does not have access to public hearings like this because of the communication problem, because interpretors are not available. We are asking you to look at the problem nationally.

Our people are dying. We represent the Rainbow, we are white, yellow, brown, black, gray, women. When we approach the local administration, they tell us they are not even willing to give us a sliver of the pie, or even crumbs, and we are asking you and pleading with you to contact our local administration people and sensitize them that we are human beings, too, that we have drug dependency problems and we have a right to services as citizens.

I know that time is of the essence, I leave the problem in your hands and God's hands that something will happen.

[The statement of Mr. Mouton appears on p. 257.]

Mr. RANGEL. Leo, you certainly got this member's attention. It has been a problem we have overlooked, and will focus attention on this from the select committee.

Mr. DIXON. Mr. Mouton, I echo the chairman's comments, but I am not totally clear what you are saying as it relates to LA County. Are you saying that interpreters are not available, or that the hearing-impaired need a special type of program?

Mr. MOUTON. What I am saying is LA County refused to provide interpreters where they are needed, refused to provide telephonic communication for deaf people so we have access to the system. They refused to even consider providing a special program that would address the needs of the deaf and hearing impaired, and they have provided one bed, one in-patient bed in all of LA County and they feel this is adequate to serve over 500,000 hearing-impaired people.

Mr. DIXON. Is it?

Mr. MOUTON. Absolutely not. Our people are dying because of lack of services.

Mr. DIXON. Are you speaking now of people who have had problems with abusive drugs or just talking about the hearing-impaired in a general sense? I am not clear.

You say there is one bed. Is that bed available for a drug abuse program?

Mr. MOUTON. One bed available in LA County in a drug abuse program that can serve deaf and hearing-impaired person, no outpatient services available to serve our constituency.

Mr. DIXON. Because they don't have interpreters?

Mr. MOUTON. No, because the local administration since 1982 refused to even consider services for deaf people.

Mr. DIXON. They won't take a deaf person in the program, or they don't have the adequate signers to facilitate it?

Mr. MOUTON. They will not take the time to sit down with us, the deaf community, to develop and design a program to meet the needs of over 500,000 people.

Mr. DIXON. What I am asking now is, would you like LA County to provide or mandate sign people or interpreters in programs that they fund? Are you asking that a special program be set up for the deaf? Your comment is so general.

Mr. RANGEL. If the gentleman will yield, let me try a different approach to this.

Do you believe, as presently constructed, the Los Angeles drug abuse community is prepared to accept any of your clients?

Mr. MOUTON. They are not prepared to accept any of our clients.

Mr. RANGEL. OK.

Now, have you recommended or do you know what type of services would be necessary to adequately deal with the drug problems that your clients would have?

Mr. MOUTON. Yes.

Mr. RANGEL. Have you drafted such a program, and recommended it to the local authorities?

Mr. MOUTON. The local authorities, until just recently, have refused to meet with us and when they have met with us, they have not had good intentions in developing a program. We are talking about, since 1982, we have approached them asking.

Mr. RANGEL. You got the attention of this committee.

Let me ask this: Are you a part of our national association that deals with the problem of deaf people?

Mr. MOUTON. A part of the National Association of the Deaf.

Mr. RANGEL. Do you know whether or not this issue has been focused on by that association on a national level?

Mr. MOUTON. I am not aware of that. No, I am not.

Mr. RANGEL. I yield back.

Mr. DIXON. That kind of clears it up. This has been ongoing dialogue you have had with the County of LA.

Mr. MOUTON. They are covered under section 504 of the Civil Rights Act, Rehabilitation Act. If you notice, an evaluation by the Office of Civil Rights that found them in violation of section 504.

Mr. HAWKINS. Is there a violation of the Civil Rights Act specifically for the deaf, comparable to that for the handicapped?

Mr. MOUTON. Yes, Congressman, and they have been mandated to develop a program in terms of accessibility no later than December 30 of this year.

We took the initiative to contact the local department, and even then were not really sure that they are willing to develop a pro-

gram that meets the expectations of the law, and we are asking you help.

Mr. HAWKINS. We might be able to reach it also under the Education and Labor Committee, because of the Civil Rights violations as well as in the context of drug abuse education.

Mr. RANGEL. Do you have any idea in the LA area what size population we are talking about?

Mr. MOUTON. Five-hundred thousand.

Mr. RANGEL. How many?

Mr. MOUTON. Five-hundred thousand. I have a list of the statistics.

Mr. RANGEL. Five-hundred thousand deaf people that have drug problems?

Mr. MOUTON. Five-hundred thousand people, hearing-impaired people who would need help either with an interpreter or have a hearing impairment that should have access if they have a drug dependency problem to the program.

Mr. RANGEL. Do you have any vague idea as to how many people have problems with drugs that could possibly need treatment, if indeed there was a program that would be amenable to their needs?

Mr. MOUTON. I cannot give you a raw number, but in my experience it is a significant number of people.

Mr. RANGEL. In addition to the Chairman of Education, what the select committee will do is to reach out to all other standing committees that could possibly have jurisdiction.

Thank you very much.

Mr. MOUTON. I would also like to mention before I leave that even the Federal advertisement for the various committees that is on, advertisement on the tube, if it is not catching, our people can't give it, and federally speaking, the Federal Government should take a posture to serve all of the people and we happen to be a class of people where our ears don't work, our eyes work well and we need information, that educational information, also.

Mr. RANGEL. Don't let us forget, and you are going to have to make certain that you knock on the doors of your Congressman and other elected officials to remind them that you have a constituency, and also that you have a voting constituency at this time of year.

Mr. DYMALLY. As a member of the Foreign Affairs Committee, I couldn't do a thing about it.

Mr. RANGEL. Well, we will work together on it.

Mr. DIXON. Mr. Mouton, have you been dealing with the doctor who testified and gave the county statistics?

Mr. MOUTON. We have been trying to deal with Dr. Stranz, but it has been very difficult in the past, just to get an appointment to sit down and deal with the problem.

Mr. DIXON. Perhaps Congressman Dymally and I can help you.

Mr. RANGEL. What is the city council doing about this problem?

Mr. TABOR. I will defer to the LA City Council, but in Inglewood we are much more aware of this problem in LA County and we will work to make sure Mr. Mouton and those who need assistance will get it.

Mr. RANGEL. We yield to your testimony, and your entire statement will be entered into the record.

[The statement of Mr. Tabor appears on p. 265.]

TESTIMONY OF DANNY TABOR, COUNCILMAN, CITY OF INGLEWOOD

Mr. TABOR. I owe a debt of gratitude to Congressman Hawkins and his panel to come to Los Angeles and hear from the citizens and agencies that service people in LA and in this region on how impacted we are with the drug problem.

I represent not only the First Council District, but also the Los Angeles Black Elected Officials Network, which is a newly formed organization of local and state and federally elected officials as well as school board and community college trustees that have come together to look at problems impacting the community throughout the county and attempt to coordinate and resolve some of the issues whether it be through legislation, public policy, or programs.

You have listened to the testimony of people who have given you statistical information. I think the best approach for me is—I represent both constituents and the network organization—is to simply say that the people who are impacted, the residents of Los Angeles County, are not letting the agencies do all the work, that there is an interest and an effort developed at the grass roots level that seeks to involve every resident in this war on drugs.

If I could identify briefly some of the problems, though, that people come in contact with as they organize in their local communities.

No. 1, as Mr. Mouton indicated, the availability and readily available access to information, where the programs are, what type of clients they attempt to serve, how many clients they can try to serve, the type of service and length of service they will provide—that information is not readily available to the average citizen, whether he be employed or unemployed, whether they be a chronic user of drugs or somewhat like young children who are calling today the 911 to report family users of drugs.

That information of where to turn in time of need is not readily available. There are other types of problems that are—that we find in the community that there aren't really formalized responses to, and if I can give you an example, are the property owners who own apartment buildings, small 18-unit buildings, they may not live in the facility, but it is a business they operate.

They have a problem when they identify a drug dealer operating out of one of their units in an area that may be controlled by rent control. They are not allowed to simply go in and evict.

Drug selling is not an evictable offense, so the need for there to be coordination of law enforcement, of public health services, and of housing services is very evident and important.

Now, the approach that the network has decided to use is one of a community empowerment. We have asked community people from around the country that live and work in the African-American community in Los Angeles to share their insights as to the types of problems they are having.

We have asked people from housing, from education, from the court systems, from public health services, from youth services, to sit as a task force and identify for us where they see the problems, the gaps, where they see positive working solutions in place that can be utilized in other areas of our community.

What we are attempting to do is to look at it comprehensively, to create a white paper, distribute that white paper back to the community for their input, asking them to come on a selected day to say what they think about this analysis, the statement of problem and analysis that we have created, so that the legislators and policymakers among us can set our agendas for the coming year.

The network effort being spearheaded by members here, I think that in the next few months you will see that the reality of a war on drugs at the grassroots level is really taking place in Los Angeles because the people will be empowered through new knowledge and new conviction to work towards the problem, utilizing all available resources through our coordinated efforts top make an impact not only on the influx of drugs, but in the attitude and value that our community places on availability of drugs.

Mr. RANGEL. Are Members of Congress involved in your network?

Mr. TABOR. Yes, sir. Congressmen Dymally, Hawkins, and Dixon served as leaders and organizers and have helped organize the staff, and we are grateful for their direct involvement.

Let me conclude with two final comments. They happen to appear at the end of the testimony, so I will just make them very short. The question in our community and throughout America is, "Does morality or reality prevail?"

If you compare the Rockefellers and the Kennedys and the Robberbaron era of yesteryear to the Isuzu truck drivers and rock cocaine dealers of today, what do you see in similarities?

Is the cocaine trade of today that much different than the bootlegging and gun-running trade of yesteryear? Is it not commerce in a different way?

The question we ask is what alternative does society offer those in the African-American community, the have-nots, who have found a way to become haves—what alternative do we offer them in the society?

Finally, I think we need to realize that we forget that the drug problem facing America today cannot be addressed in proposals, but it is one that has a lasting impact as long as there remains a demand for drugs and a prevailing social tolerance for their use, and that the deep-seated causes that have contributed to the broader use of drugs, including lack of community, disintegration of family, moral laxity and the pressure to succeed in a materially based society must also be more closely examined within the context of a solution.

Mr. RANGEL. If someone didn't know you, they might suspect that when you raised these questions that you were adopting that position, that there was a real similarity between cocaine and heroin addiction and bootlegging liquor or that drugs was really a realistic alternative to the hopelessness and joblessness of our youth.

I know that wasn't your intent, but I wanted the record to indicate that you didn't associate the prestige of your office with that position.

Mr. TABOR. Thank you.

Let me say this—as illegal as it was then, so is the cocaine and drug trade today, but in this society where we are taught to aspire to material wealth and financial means, some of our financial leaders come from an era where the illegal was used to legitamize the present, so young people are saying to me,

> I plan to get out of this business in a couple of years, but if I am able to buy my mother a home or my college education or clothes to make me look good, that is essential to me.

They challenge the moral fiber and value system that we use against the reality that they see themselves placed to. We need to as a society as the Congress offer some alternatives, so I want us to think about not just the punitive side of the problem of controlling access and putting criminals behind bars and stopping the drug trade, but what alternative do we offer these people that are caught up in the system.

Mr. RANGEL. I think it is good that you would. You are young enough to understand perhaps a lot better than those of us who are older how the young people are thinking and I appreciate your contribution, but the way the question was left out there, it was not as clear as you finally made it, that you are saying that these kids want answers and we have a responsibility to get them some answers.

Mr. DYMALLY. If the gentleman would yield.

The tragedy of answering the question is the fact that in six years, only once has the President asked that question of the Job Training Partnership Act, which does not reach down to those young people. He never once mentioned jobs, in an of his speeches across the country or in Iceland or in Geneva. So that is a tragedy we face, that he does not believe that the Government has a responsibility to provide opportunities for these young people.

Mr. TABOR. One of the solutions that we often don't think about is that some of these young people will not accept a job. You can't tell someone making $30,000 a month to accept a job in McDonalds. He might be able to turn it into a legitimate entrepreneur activity and then hire in a legitimate way employees.

Mr. RANGEL. It is getting a little more difficult, but I yield to the gentleman from Los Angeles. It would be very difficult for me to make entrepreneurs out of my drug hustlers, but I understand the point.

Mr. DIXON. I think the chairman's observation is correct when he says that you are young enough to understand some of the rationale that goes into dealing in drugs. I think going on about entrepreneurship is in some cases misguided. I know of very few businesses that a person 21 or 22 can accumulate wealth, no matter what their talent in such a rapid period of time, but it does bring up an issue that I wonder about.

It appears to me, and I only say perhaps, in some communities there is too much tolerance in accepting drug dealers, and that tol-

erance relates to businesses that don't adhere to Federal law as it relates to reporting certain transactions.

That tolerance relates to social activities where you or I may know of people that could not have accumulated the kind of immediate wealth that they have, you refer to it as the beeper-Isuzu syndrome.

I wonder if you feel we should do more to try to isolate these people who we believe or know in many cases are dealing in the selling of drugs.

Mr. TABOR. I think in many ways that is a great deal of the problem. The tolerance level has increased—I think two things. One, the general social acceptance that, well, it is a problem that exists, has existed and will exist and two, that the solutions that we attempt to apply to this, law enforcement makes an arrest one day of a known drug dealer, three days later he is back in business, creates the feeling that maybe they are missing the mark, maybe they don't see the trees or the forest.

I think clearly the direct answer to that we do need to isolate, make some examples, but I think also we have to offer that opportunity, that alternative opportunity as well.

Certainly we can put 18- or 20-year-olds in jail and they can do five years, but they still come back to a society that is as pervasive as this, they are likely to go back into the same activity, not be transformed into another model.

We do need to make those hard cases and do it with the support of the community that is impacted and offer the community alternatives, what they can do for the loved ones that are caught up in getting the drugs and when we can do that, then we can as we cut off access to the drugs create programs with opportunities.

Mr. DIXON. Thank you.

Mr. RANGEL. Mr. Dymally?

Mr. DYMALLY. No questions, Mr. Chairman.

Mr. RANGEL. Thank you very much for your ideas.

If you have others for the record, we will leave the record open and the Chair would value whatever contribution you want to make.

The Subcommittee of the Select Committee stands adjourned subject to the call of the Chair.

[Whereupon, at 1:45 p.m., the hearing adjourned.]

STATEMENT OF THE

HONORABLE CHARLES B. RANGEL

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

HEARING ON DRUG ABUSE AND DRUG TRAFFICKING

IN LOS ANGELES

OCTOBER 31, 1986

GOOD MORNING LADIES AND GENTLEMEN.

TODAY THE HOUSE SELECT COMMITTEE ON NARCOTICS, IN CONJUNCTION WITH THE COMMITTEE ON EDUCATION AND LABOR, CHAIRED BY THE HONORABLE AUGUSTUS HAWKINS AND THE APPROPRIATIONS SUBCOMMITTEE ON TREASURY, POSTAL SERVICE AND GENERAL GOVERNMENT, CHAIRED BY THE HONORABLE EDWARD R. ROYBAL, WILL HOLD A HEARING ON THE DRUG TRAFFICKING AND ABUSE SITUATION IN LOS ANGELES.

CONGRESSMAN HAWKINS AND ROYBAL ALONG WITH THEIR COLLEAGUES JULIAN DIXON AND MERVYN DYMALLY, HAVE REQUESTED THAT THE SELECT COMMITTEE COME TO LOS ANGELES AT THE URGING OF THE SOUTH CENTRAL ORGANIZING COMMITTEE (SCOC) AND THE UNITED NEIGHBORHOOD ORGANIZATION (UNO) TO EXPLORE THE NATURE AND EXTENT OF DRUG ABUSE IN THIS GREAT CITY.

THE PEOPLE OF LOS ANGELES ARE PRIVILEGED TO HAVE REPRESENTATIVES WHO HAVE THE FORESIGHT AND DEDICATION TO SEEK ANSWERS TO THE SERIOUS PROBLEM OF DRUG ABUSE THAT IS PLAGUING OUR COUNTRY, PARTICULARLY OUR MAJOR CITIES.

THE SELECT COMMITTEE THANKS SCOC AND UNO FOR THEIR ROLE IN ENCOURAGING THESE HEARINGS AND FOR THEIR PARTICIPATION TODAY. I

PARTICULARLY LOOK FORWARD TO THE TESTIMONY OF THEIR REPRESENTATIVES.

SUBSTANCE ABUSE IS A SOCIAL PROBLEM THAT REACHES INTO EVERY ETHNIC GROUP AND EVERY SOCIO-ECONOMIC CLASS IN OUR SOCIETY. DRUG ABUSE IS A CANCER WHICH THREATENS THE PHYSICAL, EMOTIONAL, AND ECONOMIC HEALTH OF OUR NATION. A REVIEW OF SOME OF THE DATA CONCERNING DRUG ABUSE IN LOS ANGELES YIELDS THE CONCLUSION THAT THIS CITY FACES A DRUG ABUSE PROBLEM OF LARGE PROPORTIONS.

HOSPITALS EMERGENCY ROOM EPISODES INVOLVING HEROIN HAVE INCREASED FROM 829 IN 1982 TO 1,324 IN 1985. HEROIN-RELATED DEATHS DURING THIS SAME PERIOD INCREASED FROM 252 TO 355. IT IS IMPORTANT TO MAKE NOTE OF THESE INCREASES IN HEROIN USE IN LOS ANGELES BECAUSE THE ADMINISTRATION HAS BEEN SAYING HEROIN USE HAS BEEN LEVELING OFF.

EVEN WORSE, LOS ANGELES IS IN THE MIDST OF A COCAINE EPIDEMIC. COCAINE-RELATED EMERGENCY ROOM MENTIONS HAVE INCREASED 314 PERCENT IN THE LOS ANGELES AREA FROM 392 IN 1982 TO 1,629 IN 1985. COCAINE-DEATHS DURING THIS PERIOD JUMPED SIGNIFICANTLY FROM 46 IN 1982 TO 131 IN 1985. THOSE DESIRING TREATMENT FOR COCAINE USE ARE APPLYING FOR ADMISSION TO TREATMENT CENTERS IN RECORD NUMBERS.

ALTHOUGH THE SITUATION APPEARS BLEAK, I AM PLEASED TO REPORT THAT THE CONGRESS HAS RESPONDED IN AN AGGRESSIVE MANNER TO AMERICA'S DRUG CRISIS.

ON MONDAY, THE PRESIDENT SIGNED H.R. 5484, THE ANTI-DRUG ABUSE ACT OF 1986. THIS NEW LAW REPRESENTS THE FIRST TIME IN OUR NATIONS' HISTORY THAT WE HAVE ATTEMPTED TO COME TO GRIPS WITH DRUG ABUSE IN A COMPREHENSIVE MANNER. H.R. 5484 ADDRESSES ALL ASPECTS OF OUR NATIONS' DRUG PROBLEM; INTERNATIONAL NARCOTICS CONTROL, INTERDICTION, DRUG ENFORCEMENT, TREATMENT, PREVENTION, AND EDUCATION.

I BELIEVE THAT THE MOST IMPORTANT FEATURES OF THE NEW LAW ARE THOSE PROVISIONS THAT GIVE INCREASED ASSISTANCE TO STATE AND LOCAL GOVERNMENTS FOR DRUG ENFORCEMENT, TREATMENT AND EDUCATION.

THE ANTI-DRUG ABUSE ACT OF 1986 WILL NOT SOLVE OUR NATION'S DRUG CRISIS. BUT, IT IS A SOLID FIRST STEP - A DOWN PAYMENT IF YOU WILL - TO FINALLY COME TO GRIPS WITH AMERICA'S NO. 1 SOCIAL PROBLEM.

I KNOW THAT THE TESTIMONY WE RECEIVE TODAY WILL NOT ONLY PROVE THE WISDOM OF ENACTING THIS SIGNIFICANT LEGISLATION, BUT WILL PROVIDE US WITH IMPORTANT REFERENCES AS WE MONITOR THE IMPLEMENTATION OF THIS ACT IN THE COMING CONGRESS.

THE HONORABLE STAN PARRIS
Testimony, Joint Hearing on Narcotics Trafficking and Abuse
Select Committee on Narcotics Abuse and Control
Committee on Education and Labor
Appropriations Subcommittee on the Treasury
Public Works Boardroom, Los Angeles City Hall
Los Angeles, California
October 31, 1986
9:00 am - 12:30 pm

Thank you, Mr. Chairman.

I am very pleased to have the opportunity to be here today and to participate in this field hearing on a subject of critical importance to the future of our nation; that subject is drug abuse.

As a member of the Select Committee on Narcotics Abuse and Control in the House of Representatives, as a member of the Leadership Task Force on Drug Abuse which was responsible for the drafting of Omnibus Drug Legislation signed last Monday by the President, and as a parent, the carrying out of a full scale national and international war against drug abuse and drug trafficking has become, in a very real sense, a crusade for me.

As we are all aware, drug abuse has become a national and international problem of grand proportions. It is a cancer threatening to devour a large portion of an entire generation -- that generation is our youth -- that generation is our future. A number of years ago, when I became actively involved in this

issue, I made a committment to myself that I would support whatever means might be necessary to reverse the drug tide and rescue our future from its deadly grasp.

Just a few years ago, annual sales of cocaine and heroin amounted to $80 billion. Today, annual sales have reached in excess of $500 billion. Each year, 1,600 metric tons of opium hits the streets, most of it coming from the Far East; each year 8,000 metric tons of marijuana makes its way to the market-place. Perhaps most frightening, however, is the fact that more that 127,000 metric tons of cocaine is produced and used each and every year. Those figures, collectively, are ample evidence of the magnitude of the problem -- it is truly sobering.

While we're on the subject of statistics, the data contained within the testimony of Ted Hunter, L.A.'s DEA Agent in Charge, were particularly disturbing. In fact, the magnitude of the problem in this particular region of the country -- specifically, in the Los Angeles area -- is precisely what has brought us here today.

Consider that 39 percent of the heroin consumed in the United States is produced in Mexico; that Mexico is a major transit country for cocaine smuggled into the U.S.; that 50 percent of heroin seizures nationally took place in Los Angeles; that cocaine deaths in L.A. have tripled in the past year; and that L.A. is a primary manufacturing center for PCP. One the primary reasons for

this phenomena is that the bulk of drugs produced in or transshipped through Mexico enter across the southeastern border into the United States. If you will bear with me for just one more moment while I complete the picture for you: The U.S. and Mexico share a common border 1,900 miles long. That presents an almost impossible task for Immigration and DEA agents to police -- especially when you consider that there are more law enforcement officers guarding Capitol Hill on a daily basis than are assigned to patrol the entire 1900 mile U.S./Mexico border.

The public nuisance which drug use represents is multi-faceted. With some 65% of Americans entering the workforce having used illicit drugs and 20% of the active workforce presently using drugs, the adverse impact is bound to be substantial. As a matter of fact, a recent study suggests that, as a direct result of drug and alcohol abuse, Americas industries suffer greater than $100 billion in lost productivity each year. Cocaine, a $15 billion industry in the United States, is the single most frequent cause of drug-related emergencies and was directly responsible for more that 600 deaths in 1985 alone. When you consider the fact that 25 million Americans have used cocaine and six million use it at least once a month, it's easy to conclude that cocaine in particular and drugs in general have the potential of literally killing our future.

While the increasingly acute public perception of the drug abuse crisis is heartening, and certainly helpful, in carrying out

an effective war on drugs, the question remains: what constitutes an **effective** war on drugs. Again, as we all know, the answers to that question are, to say the least, evasive.

In my judgment, the foundation of our war machine should be comprised of two basic parts; namely, strict enforcement of our national and international laws and a well designed and conscienciously executed program of educating our youth as to the dangers and results of drug use. I would like to take just a couple of moments to address one of these two areas in some detail.

On the subject of enforcement, I have strongly and consistently supported the strengthening of laws in the United States which dictate how we deal with the drug user, the drug pusher, and the drug trafficker. There can be no question that an increased emphasis on enforcement would provide us a powerful weapon with which to fight this war. At the very least, we must have mandatory sentencing for the pushers and traffickers. I have also supported legislation allowing the death penalty as a sentencing option in certain drug-death cases. It is clear that the profits gained from dealing drugs are so immense that no sentence short of death will deter potential suppliers. I have, and will continue to support increased Congressional participation, in general, and increased funding, in particular, for the Drug Enforcement Agency, as well as state and local law enforcement agencies for drug enforcement activities.

Effective enforcement encompasses not only increased conviction and imprisonment statistics -- the scope should be much greater. Keep in mind that the primary motivation of the trafficker, and the pusher for that matter, is economic. One of the keys to effective enforcement, therefore, is the elimination of the economic motivation. Under current laws, it is extremely difficult and, in many cases, impossible to attach the assets of convicted smugglers, traffickers and pushers. While they may spend a relatively small period of time in prison, their material assets are typically secure.

As a total picture, the traffickers and pushers run a relatively minimal risk of being caught and convicted of the sale of illicit drugs because of the financially limited enforcement capabilities of the authorities and excessively restrictive defense laws currently on the books; when they are convicted, it is more the rule than the exception thereto that they are either let loose immediately on plea agreements, theyreceive a less than appropriate sentence, or are released much too early considering the crime committed; and, finally, there is little or no risk under current law, as I have stated, that the material wealth collected by these dealers and traffickers -- these murderers -- is essentially in no danger of being lost. Considering this "total picture," where is the deterrent? I'll tell you exactly where it is -- it's nowhere. The true deterrent will not be there unless and until all of these legal shortcomings are addressed -- I stress to you, they cannot be addressed individually and be

expected to effectively deal with the crisis at hand. On the contrary, they must be dealt with collectively as a unit in the war on drugs. Failure to do so may be likened to the firing of a gun without a bullet -- it's simply not going to do the job.

It is my opinion that if you can cut off the flow of illicit drugs at the source, thereby controlling to some degree its availablility on the streets, you are on your way to solving the problem. However, it would be naive to think that we could ever hope to completely cut off the flow of drugs to users. The supply seems to be perpetual and eternal. Clearly, it is necessary that we also concentrate on the demand. We must simultaneously execute a comprehensive education program -- once again, aimed primarily at educating our youth on the drug issue **before** there is an opportunity for them to be introduced to drugs in the schools or on the streets. I don't intend to lecture here on the importance of drug education in the war on drugs. I would only point out that, in my judgment, the importance of prevention **through** education is critically clear.

Groups such as the Lions Clubs, the PTA, the National Federation of Parents for a Drug Free Youth, and others like them can provide the strong moral foundation - through education and vigilance - to children today that will enable them to make the informed decision not to abuse drugs or alcohol, based on the fact that it is not an acceptable form of behavior in this society.

Again, thank you Mr. Chairman.

MEL LEVINE
27TH DISTRICT, CALIFORNIA

COMMITTEES
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AND INSULAR AFFAIRS
SELECT COMMITTEE ON NARCOTICS
ABUSE AND CONTROL

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OPENING STATEMENT OF CONGRESSMAN MEL LEVINE
HEARING ON DRUG ABUSE AND DRUG TRAFFICKING IN LOS ANGELES
OCTOBER 31, 1986

Mr. Chairman, as a Member of the Select Committee on Narcotics, I am especially pleased that this hearing on drug abuse is being conducted in Los Angeles. And I especially want to thank the witnesses for coming today to share their viewpoints regarding the drug problem with us.

Drug abuse is one of the most serious problems facing our nation. It wastes the potential of thousands of our citizens, it contributes to violent crime, it drains valuable resources from our communities, and it ruins the lives of those who become enmeshed in a drug habit. Although drug abuse cuts across all ethnic, class, and age groups, young people are particularly affected. According to estimates by the National Institute on Drug Abuse (NIDA), nearly two-thirds of all high school seniors have tried an illicit drug before graduation. Drug abuse rates among America's youth are among the highest found in any developed country in the world. These statistics are a grim reminder that drug abuse truly is a war and that too many of our next generation are its casualities.

Drug abuse is a particularly destructive problem here in Los Angeles. As you observed, Mr. Chairman, the rates of emergency room admissions are increasing for cocaine and heroin related incidents. Rates of PCP abuse are also reported to be particularly high in this area. Further, Los Angeles is being used by many drug dealers as a stop over point for shipments of illegal drugs to other areas in the western half of the country.

In fighting the war on drug abuse, I am particularly concerned that drug education and

treatment programs receive the full support they require. The best opportunities to halt drug abuse are in eliminating the demand for drugs by educating our school age children before they become hooked, and in treating drug abusers who wish to kick the habit.

But users seeking treatment are currently finding that help is not readily available. Increasing numbers of cocaine and heroin users are seeking treatment in Los Angeles County, only to find long waiting lists to receive counseling or admission to treatment programs. Budget cuts and freezes at the federal, state, and local levels have severely limited available treatment services for the poor and middle class drug abuser. While cocaine abuse is increasing, budget cuts have forced a one-third reduction in residential and outpatient treatment capacity here in L.A.

In Los Angeles, users seeking treatment can be forced to wait for months for admission to county supported clinics. During the wait for treatment users unable to break the addiction without assistance, continue to abuse drugs and to commit the crimes necessary to support their habits. For some abusers the wait is too long, and they die before receiving treatment.

I am very pleased that my good friend Dr. Mimi Silbert, from the Delancey Street Foundation is here today and will be testifying regarding the Delancey Street treatment program, considered the most unique successful residential treatment center in the country. This program receives no public funding, but relies on private support. I look forward to hearing her views on this issue.

I, too, am pleased that in this last session, Congress took the historic step of passing the first comprehensive legislation to combat the scourge of illicit drug use infesting our nation.

Signed into law by the President are initiatives to halt the inflow of illegal drugs into this country and increase funding for the Coast Guard and DEA drug interdiction efforts. Further provisions strengthen money laundering laws, ban designer drugs, and establish minimum sentences for federal drug violations and substantially increase fines for drug offenses. Provisions making federal crimes of the operation of "rock houses" and manufacturing controlled substances within 1000 feet of a school are also included.

The legislation also recognizes the special need to provide funding for drug education and treatment efforts.

Funds are authorized and will be made available to state and local educational agencies to establish drug abuse education curricula, early intervention and prevention programs in the schools, family programs, counseling, and referral to treatment and rehabilitation programs. Education funds will be available for programs from elementary school through the college level.

Additionally, funding is authorized to expand drug and alcohol abuse treatment and rehabilitation services, and for demonstration grants for effective models for drug and alcohol abuse prevention, treatment, and rehabilitation among high risk youth.

This new legislation establishing a national policy on drug abuse is only a first step in the fight against drug abuse. We cannot afford to relax efforts now. I am pleased that so many members of the Los Angeles community are here to share their experiences and insights into the drug problem. I look forward to hearing your input on your successes, and frustrations and suggestions for federal assistance in the front line of the war on drug abuse.

Testimony by Father Bryan Jones
Executive Vice-President United Neighborhood Organization
House Special Committee on Narcotics
Los Angeles , California
October 31, 1986

I am Father Bryan Jones, Executive Vice-President of the United Neighborhood Organization and Chairperson of the UNO Anti-Drug Committee. UNO is a church based organization representing 93,000 families on the Eastside of Los Angeles. UNO and its sister organization, the South Central Organizing Committee (SCOC) have spearhead the fight against drugs in L.A. over the past two years by working in concert with County and State officials to pass tough anti-drug legislation and fund programs that offer our youth an alternative to the street drug culture.

The international drug trade has indeed turned our region into the City of the living dead. In the first nine months of this year, the Los Angeles Police and Sheriff Departments have made over 42,000 drug arrests. Hundreds of young people die each year as street gangs turn our neighborhoods into battle zones, as the fight for control of the new dr[illegible] markets escalate.

Our [illegible] law enforcement resources have been stretched beyond the break[illegible] point, and to date the federal response has been woefully inadequate. Just three statistics drive home this point.

1. In the New York City office of the U.S. Attorney, there are 225 prosecutors. They serve 13 million people. For the seven county Central California office which covers L.A., there are only 65 prosecutors.
2. Los Angeles has 100 - 120 DEA agents. Miami and New York each have 300.
3. Over the past five years, there has been a 30% decrease in the number of beds available for drug rehabilitation in Los Angeles due in part to federal cutbacks.

Today [illegible] and SCOC call upon this Committee to pursue two desperately neede[illegible] counterattacks to the City of the Living Dead.

1. [illegible]eral funding must continue to be increased. The $1.7 billion [illegible]1 signed into law this week is not enough. It must be considered the first downpayment in a long-term financial commitment if this war is to be won.
2. A Federal Drug Audit should be conducted by the General Accounting Office to determine the following:
   a. The effectiveness of Federal Agency and Block Grant funded anti-drug programs.
   b. If federal anti-drug resources are being allocated across the country according to the needs of a given region.
   c. Objective criteria for funding and allocation.

- MORE -

Increased long-term funding and a Federal Drug Audit can generate a fair and effective national drug strategy.

Los Angeles does not want to benefit at another region's expense. Southern California is in its present crisis in part from the lack of such a coordinated national drug strategy. For example the isolated Federal crackdown in South Florida has shifted smuggling routes through Mexico into California.

What is needed is not to continue to shift pieces on a board with too few players, but a coordinated National attack on drugs with the money, personnel, and determination needed to succeed.

- END -

BEFORE THE SELECT COMMITTEE ON NARCOTICS AND CONTROL

FRIDAY, OCTOBER 31, 1986

MAYOR TOM BRADLEY'S WRITTEN TESTIMONY

Introduction

I commend each of you for your efforts in passing the Congressional anti-drug bill. I am particularly pleased to see that the final bill authorizes mandatory life sentences for several drug-related crimes, including murders committed by leaders of illegal drug rings in furtherance of continuing criminal drug enterprises, and deaths caused from drugs sold by any person responsible for large-scale drug operations.

On a personal note, I want to thank Congressman Roybal for his efforts in securing more funding for the U.S. Customs Service's worldwide narcotics control and international drug traffic interdiction program.

When Congress was considering the omnibus drug legislation, I had the privilege of joining with Mayors and County Executives across the country in endorsing 15 anti-drug resolutions for that legislation. Those 15 proposals included seeking the assistance of the Armed Forces to interdict narcotics, the deportation of aliens convicted of drug offenses, the creation of separate narcotics prisons and courts, withholding all forms of foreign aid from any country which fails to try to eradicate narcotics within its borders, increasing the federal appropriation for state and local anti-drug efforts, requiring broadcasters to air public service announcements warning of the perils of drug abuse and increasing criminal penalties for persons convicted of selling drugs to minors.

I authorized Congressman Rangel to convey my support for these resolutions when he met with the President of the United States and leadership of both Houses of Congress in early September. Congressman Rangel, thank you for delivering my message.

The Problem in California

We have a number of qualified witnesses today who will discuss in depth the extent of the drug problem in Los Angeles. But I do want to briefly review some alarming Statewide statistics. 10% of 7th graders in California -- approximately 32,000 children age 12 and under -- have used drugs. By 9th grade, the figure jumps to 36%, or more than 130,000 14-year-olds. Nine percent of ninth graders, more than 12,000 adolescents, use marijuana weekly, while more than five percent use it daily. Almost 10 percent of ninth graders have used cocaine. Finally, more than 51 percent of eleventh graders have used drugs, with more than 13 percent using marijuana weekly, and more than seven percent -- more than 17,000 16-year-olds -- using it daily. Almost 18 percent have tried cocaine, and more than 12 percent combine two or more drugs to get high at least once per month.

Approximately 60,000 high school students in California use marijuana every day. And, despite a generation of campaigns to demonstrate that marijuana is both harmful in and of itself, and a gateway to other drugs, there is a significant drop between grades 7 and 9 in the percentage of students who believe regular marijuana use is harmful -- from 71 percent to 53 percent.

These figures are higher than the national average and confirm our worst fears. The societal, medical, legal and family costs of drug abuse are immense. Examining the medical implications will underscore the significance

of the problem. New research shows potentially serious brain complications stemming from habitual marijuana use. We now know that THC in marijuana may reduce the density of a human's brain cells by 20%.

Regarding cocaine, in L.A. County between 1982 and 1985 there was a 172% increase in cocaine-related deaths -- from 46 to 125. There was more than a 300% increase in cocaine-related medical problems requiring emergency hospital care -- from 395 in 1982 to 1,635 in 1985. And while it is true that some do die a sudden death from ingesting a single large cocaine dose, we recently discovered that others die a slow death through the repeated use of small amounts of cocaine -- even if the amount was initially safe and even if the dosage is not increased over time. Even more frightening, we now know that chronic use of small doses of cocaine might cause lethal brain seizures even when the drug is not being ingested. We should expect the health dangers of cocaine to only increase with the improved quality of the drug -- some "rock" cocaine is 90% pure.

As for heroin, between 1983 and 1985, the number of deaths from heroin overdoses in L.A. County rose from 71 to 204, almost a 190% increase. Much of this increase is due to a relatively new kind of heroin called "black tar." Black tar did not appear in L.A. County until 1982. Unbeknownst to the first-time user and even to the addict, "black tar" is much more potent than the brown heroin commonly taken in the past. The purity level of black tar ranges from 40% to as high as 70%.

The Mayor's Efforts

Within the City of Los Angeles

These alarming figures confirm that drug abuse has reached epidemic proportions in this State and poses a clear and present danger to our future.

For this reason, I have made the drug epidemic in the City of Los Angeles and the State of California a top priority. I have devoted a considerable amount of my time analyzing and attempting to solve this life-threatening problem, and I have identified major steps that must be taken.

Drug abuse is a two-pronged problem and must be addressed on both the supply side, meaning tougher laws and stiffer sentences for pushers, and the demand side, meaning more drug abuse prevention education.

As the Mayor of Los Angeles, I have ensured that this City does its part. Through the Community Development Department, the City of Los Angeles has and continues to fund numerous substance abuse programs. These programs are located throughout the City and provide numerous services to substance abusers, including drug prevention, street counseling and rehabilitation services. Total Community Development Department funds for these service programs exceeded $2,400,000 in 1986. In addition to service programs, the City provides funds for capital improvements which have enabled several substance abuse programs to expand their services. In 1986, Community Development Department capital improvements in this area exceeded $2,100,000.

The City of Los Angeles' Criminal Justice Planning Office also funds programs which address the substance abuse problem. One such program is DARE, one of the country's most innovative anti-drug programs. DARE provides a comprehensive drug abuse prevention effort through education in the City's elementary and junior high schools. DARE has aided more than 400,000 youngsters. In the 1985-86 school year, the City provided $4,400,000 to the DARE program.

The City of Los Angeles also is in the process of developing a drug testing policy for City employees. The City must develop policies for testing employees for drugs whenever there is reasonable cause to suspect

that an employee's behavior or performance is impaired due to substance abuse. An inter-departmental substance abuse task force has prepared a draft drug testing proposal which the various Department Heads and Commissions are currently evaluating. Taking these evaluations into consideration, the task force will prepare a drug testing policy which would be applied on a Citywide basis.

In addition, I have requested that the Personnel Department develop an employee assistance program -- a City-funded program which will provide drug counseling and treatment services to City employees on a confidential basis.

I am determined to ensure that this City addresses the drug problem at its work site in humane and innovative ways. We are well on our way to doing so.

I also will join with cities across the country in officially designating November 18 Mayors' D-Day in the War on Drugs. On that day, the City of Los Angeles will sponsor a variety of activities to increase drug awareness and arouse community support which is essential if we are to win the war against drugs.

At the State Level

At the State level, I have proposed numerous supply side and demand side reforms. I believe that California needs to enact and enforce stiffer penalties for drug pushers of cocaine. I have proposed that State law be changed to place cocaine in a category similar to heroin or PCP. Under current law, any person convicted of selling, or possessing for sale, 14.25 grams of heroin, or any amount of PCP, must be sentenced to a prison term. By contrast, there is no mandatory sentence for possessing for sale, or selling cocaine, or a "substance containing cocaine," such as crack. If a person is convicted of selling, or possessing for sale, a particular amount

of cocaine or a substance containing cocaine, he or she is subject to a mandatory prison term except "in an unusual case where the interests of justice would best be served [by probation]." (There is no such exception to the mandatory language that pertains to heroin or PCP.)

Crack dealers who are arrested often resume their business as soon as they are back on the streets -- which can be as quick as 48 hours after their incarceration and is almost always less than six months. I believe that the reason so many of these rock salesmen sell their wares immediately -- and so openly -- after their release is because they are so rarely sentenced to State prison. Mandatory prison terms would help convince dealers that we will not allow this modern day plague to continue. That is why I have proposed that a person convicted of selling, or possessing for sale, a particular amount of a substance containing cocaine be sentenced to a mandatory prison term, with absolutely no exceptions.

I also believed that the amount of cocaine which triggers the "'almost' mandatory sentencing" provision of the Penal Code needed to be lowered. Until recently, it took 57 grams of a substance containing cocaine to trigger the "'almost' mandatory sentencing" provision of the Penal Code. Since there are 4 or more hits of crack per gram, a dealer would have to have well over 200 hits of crack in his or her possession to trigger the tougher sentencing provision. However, crack dealers typically carry small amounts of crack.

Through my efforts, and those of State Democratic leaders, we now have a law that reduces the amount of cocaine an individual needs to sell, or possess for sale, before he can be subject to the "'almost' mandatory sentencing" provision of the Penal Code.

We also must increase bail for people charged with drug dealing so that bail is no longer regarded as a mere incidental "cost of doing business."

The current average $5,000 bond can be bought for $500. It simply is not enough. Any pusher can raise that amount and be back on the street in a matter of hours.

We also need tougher enforcement of drug laws in and around schools. Our campuses must become "drug free." The State should support local police undercover programs on high school campuses, we need stricter enforcement of drug laws around school campuses and we need higher penalties for those selling drugs at and around schools. Through my efforts, and those of State Democratic political leaders, we have made a start in this area by passing a bill that will increase penalties for adults who give or sell controlled substances to minors.

We also need to toughen the State law restricting the sale of drug paraphernalia. At present, State law only prohibits the sale of drug paraphernalia if the seller is proven to have sold the items knowing they will be used in connection with drug use. I have proposed that this requirement be eliminated for a certain class of drug paraphernalia, which can be used for little or no lawful purpose.

Under current State law, it is a misdemeanor to sell drug paraphernalia, knowing it will be used in connection with an illegal drug. This knowledge requirement, combined with the fact that many items of drug paraphernalia can be used for lawful purposes, makes prosecuting head shop owners very difficult. One way to toughen the statutes governing drug paraphernalia would be to develop a two-tiered system, pursuant to which some items for which there is little, if any lawful use, would be labeled drug paraphernalia for all purposes, and strictly prohibited from sale. Anyone found to be selling, or possessing for sale these items, would be guilty of a crime. (Such items might include roach clips, bongs, crack pipes, drug cultivation

kits, and perhaps other items.) Other items, which have clearly lawful uses, would be treated as is all drug paraphernalia now -- that is, subject to the knowledge requirement, before conviction can occur.

I also have called for an all out attack on money laundering. Laundering of money is the process of concealing an illegal source of income and disguising it to appear legitimate. Until recently, money laundering was not a crime under California law but it needed to be because Federal enforcement of U.S. money laundering laws could not keep up with the incidence of illegal cash transactions. I advocated that anyone, including people at legitimate financial institutions, who knows that he or she is helping drug dealers to launder drug money must be liable for criminal prosecution.

Frankly, the business climate for crime was too good in this State. Between $10 billion and $20 billion a year in cash is being deposited in California by drug traffickers and other organized crime figures. The big-time dope dealers and racketeers could spend their ill-gotten gain with impunity, while our communities paid the price in corruption, wasted lives and bloodshed. We needed a law that would take some of the profit out of crime, and drive the 'Misfortune 500' out of California.

In the first eight months of 1985, California financial institutions had a surplus of more than $1.4 billion in bills of $50 and $100 denominations, a strong indication that drug money was being run through the banking system. California's absence of control over large cash transactions provided drug traffickers and organized crime syndicates a powerful incentive to operate in California. Such transactions are the lifeblood of organized crime and drug pushers.

Now, through my efforts and those of Democratic political figures, we have a law that makes money laundering a crime.

The State also needs to focus more resources and energy on early intervention and prevention of drug abuse. There is growing agreement among social workers and law enforcement officials that if you get to kids early enough, you can teach them how to resist peer pressure to get involved in drugs. The best way to change attitudes about drug use is to get our children before the drug pushers do.

In order to prevent children from ever using drugs, we need a mandatory, extensive anti-drug education program throughout all of California's public schools, starting in Kindergarten and running through 12th grade. Local school districts, in cooperation with their local police or sheriff's departments, should be required to provide anti-drug programs for students. This program has been successful in Los Angeles and should be extended Statewide.

The Department of Education must establish mandatory criteria for drug abuse curricula, shifting the focus from information about the substances themselves to why children use them, developing decision-making skills and coping skills.

I also believe that we need to make competency in abuse prevention, identification and intervention a condition of teacher credentialing and license renewal. Teachers must receive special training to learn drug abuse prevention, identification and intervention education techniques.

In California, there are a number of agencies at the State and local level that have responsibilities relating to drug enforcement, prevention and treatment. We need the creation and appointment of a cabinet-level "drug czar" to oversee the State's drug enforcement, prevention and treatment

programs dealing with drugs. One central authority means one central source of responsibility and coordination. I want to end bureaucratic buck-passing in the war on drugs.

Conclusion

Like Congress, I believe that each of us must commit ourselves to conquering the drug crisis that now ravages all our lives. The reforms which you recently passed are an excellent beginning. The City of Los Angeles and the State of California accept the challenge and join you in the effort to win this war.

TESTIMONY OF

SHERMAN BLOCK
SHERIFF

COUNTY OF LOS ANGELES

JOINT HEARING ON

NARCOTICS TRAFFICKING AND ABUSE

IN THE LOS ANGELES AREA

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

COMMITTEE ON EDUCATION AND LABOR

APPROPRIATIONS SUBCOMMITTEE ON THE TREASURY

OCTOBER 31, 1986

LOS ANGELES CITY HALL
LOS ANGELES, CALIFORNIA

IT IS NO SURPRISE TO US THAT LOS ANGELES COUNTY IS IN THE FOREFRONT OF THE ILLICIT DRUG INDUSTRY AND IS QUICKLY BECOMING THE DRUG CAPITAL OF THE WORLD. MORE SPECIFICALLY PERHAPS, WE HAVE BECOME THE "NOSE" OF THIS NATION. THE LOS ANGELES COUNTY SHERIFF'S DEPARTMENT HAS LONG RECOGNIZED THE INSIDIOUS THREAT POSED BY A GROWING DRUG ABUSE PROBLEM, AND WE HAVE BEEN FIGHTING OUR OWN "WAR ON DRUGS" FOR YEARS.

THE ENEMIES IN OUR WAR INCLUDE (BUT ARE NOT LIMITED TO) COCAINE, HEROIN, MARIJUANA, PHENCYCLIDINE (PCP), AND METHAMPHETAMINE (CRANK). THESE ARE THE MOST FREQUENTLY TRAFFICKED DRUGS IN LOS ANGELES COUNTY, WITH SOURCES OF SUPPLY AS DIVERSE AS THE DRUGS MENTIONED.

TODAY, COCAINE IS THE PRIMARY DRUG OF CHOICE IN LOS ANGELES COUNTY. TRAFFICKERS HAVE CAPITALIZED ON THE DEMAND FOR COCAINE AND HAVE ESTABLISHED SOPHISTICATED NETWORKS FOR INTERNATIONAL DISTRIBUTION. THE PRIMARY SOURCE COUNTRIES ARE PERU, BOLIVIA, AND COLUMBIA; HOWEVER, OTHER COUNTRIES SUCH AS ECUADOR AND BRAZIL HAVE ALSO BEGUN CULTIVATING, PROCESSING, AND DISTRIBUTING COCAINE. COCAINE IS IN SUCH PLENTIFUL SUPPLY IN THIS AREA THAT THE WHOLESALE PRICE HAS GONE FROM $65,000 PER KILO IN 1981 TO AN AVERAGE $21,000 PER KILO IN 1986 (RANGING FROM $16,000 TO $26,000 PER KILO). COLUMBIA CONTINUES TO BE THE PRINCIPAL PROCESSING AND DISTRIBUTION CENTER TO THE UNITED STATES, WITH COLUMBIAN NATIONALS AS THE PRINCIPAL WHOLESALERS OF THE DRUG.

FROM ALL INDICATIONS, WE BELIEVE THAT MUCH OF THE COCAINE ENTERING THE COUNTRY IS NOW ARRIVING VIA THE MEXICAN BORDER. SEIZURES IN THE SOUTHERN CALIFORNIA AREA WOULD SUPPORT THIS CONTENTION, AS APPROXIMATELY SIX TONS OF COCAINE HAVE BEEN CONFISCATED IN 1986 ALONE.

HEROIN CONTINUES TO BE A CONCERN IN LOS ANGELES COUNTY. THERE ARE APPROXIMATELY 490,000 HEROIN ADDICTS/USERS IN THE UNITED STATES, AND AN ESTIMATED 94,000 TO 97,000 IN LOS ANGELES COUNTY ALONE. MEXICAN "BLACK TAR" HEROIN HAS BEEN AVAILABLE IN SOUTHERN CALIFORNIA FOR APPROXIMATELY 10 YEARS, AND HAS BECOME THE HEROIN OF CHOICE IN THIS AREA DURING THE LAST TWO TO THREE YEARS.

THE PREDOMINANT CONVEYANCE METHOD FOR BRINGING HEROIN INTO SOUTHERN CALIFORNIA FROM MEXICO IS GROUND TRANSPORTATION, PRIMARILY BY AUTOMOBILES, TRUCKS, BUSES, AND PEDESTRIANS.

MARIJUANA USE APPEARS TO BE DECLING SOMEWHAT; HOWEVER, IT CANNOT BE OVERLOOKED OR TAKEN FOR GRANTED. MARIJUANA IS A "GATEWAY" DRUG PROVIDING, UNFORTUNATELY, A SOMEWHAT "SOCIALLY ACCEPTABLE" WAY FOR YOUNGSTERS TO INITIATE DRUG USE.

LOS ANGELES LEADS THE COUNTRY IN THE MANUFACTURING OF PCP. THE NUMBERS OF CLANDESTINE LABORATORIES AND SEIZURES HAVE BEEN

INCREASING. DURING THE LAST TWO MONTHS, SEVERAL LARGE SEIZURES, INCLUDING 25 POUNDS OF CRYSTAL AND FIVE GALLONS OF LIQUID PCP FROM ONE CASE IN THE FIRESTONE AREA AND 11 KILOGRAMS OF CRYSTAL PCP FROM ANOTHER CASE IN THE LENNOX AREA, HAVE BEEN MADE. THESE TWO SEIZURES ALONE ARE SUFFICIENT TO PROVIDE USERS WITH 1,192,550 DOSES.

A LARGE INCREASE IN THE USE AND AVAILABILITY OF METHAMPHETAMINE HAS ALSO BEEN NOTED IN THE COUNTY THIS YEAR. THE MAJOR MANUFACTURERS AND DISTRIBUTORS CONTINUE TO BE THE OUTLAW MOTORCYCLE GANGS.

THE PROBLEMS FACING NARCOTIC OFFICERS HAVE BECOME COMPLEX IN THE LAST 15 TO 20 YEARS. DRUG USERS AND DEALERS ARE NO LONGER CONFINED TO ANY PARTICULAR COMMUNITIES, BUT INSTEAD CREATE A PERVASIVE PROBLEM THROUGHOUT SOUTHERN CALIFORNIA. IN THE 1970'S, SEIZURES INVOLVING DRUGS WITH A STREET VALUE OF $10,000 WERE NEWSWORTHY. NOW, THE SEIZURE OF A KILO OF COCAINE, WORTH APPROXIMATELY $400,000 ON THE STREET, IS COMMONPLACE.

THE DRUG INDUSTRY INVOLVES PERSONS FROM ALL ECONOMIC, ETHNIC AND CULTURAL GROUPS AND IS A MULTIBILLION DOLLAR BUSINESS, SUPPORTING TO A SIGNIFICANT DEGREE THE ECONOMY OF MANY THIRD WORLD COUNTRIES. A STAGGERING $373 MILLION IN CASH AND ASSETS (NOT INCLUDING DRUGS) SEIZED BY D.E.A. IN FISCAL YEAR 1986

SUPPORT THIS CONTENTION. THAT'S AN AVERAGE OF OVER $1 MILLION PER DAY, SEIZED BY D.E.A. ALONE.

THE SHERIFF'S DEPARTMENT'S APPROACH TO THE WAR ON DRUGS IS MULTIFACETED. WE RECOGNIZE THE NECESSITY TO CONTINUE WITH A STRONG LOCAL ENFORCEMENT EFFORT, BUT OTHER AREAS ALSO NEED TO BE ADDRESSED:

- THE DEMAND FOR NARCOTICS IN THE UNITED STATES IS THE HEART OF THE PROBLEM. ONE HOPE FOR DIMINISHING THE DEMAND FOR NARCOTICS LIES IN THE EDUCATION OF YOUNG PEOPLE. DRUG PREVENTION PROGRAMS MUST BECOME COMMONPLACE IN EVERY SCHOOL IN AMERICA WITH GOVERNMENT AND THE PRIVATE SECTOR TAKING AN ACTIVE ROLE IN PROVIDING FOR THE FUTURE OF OUR YOUNG PEOPLE.

- THERE MUST BE INCREASED INTERACTION AND COOPERATION BETWEEN ENFORCEMENT AGENCIES AT ALL LEVELS OF GOVERNMENT. TASK FORCING, SHARING OF INTELLIGENCE, AND REGIONALIZING OF EFFORTS IS MANDATORY IF THERE IS TO BE AN IMPACT ON MAJOR DRUG SUPPLIERS.

- SUCCESSFUL SEIZURES OF ASSETS AND CASH OF DRUG DEALERS IS A MEANS OF CRIPPLING LARGE DRUG ORGANIZATIONS. WE NEED TO EXPAND OUR EFFORTS IN THIS ASPECT OF NARCOTIC ENFORCEMENT. THE NECESSARY ADDITIONAL MANPOWER AND

RESOURCES NEEDED COULD BE OFFSET BY THE REVENUE RECOVERED. HOWEVER, FEDERAL AGENCIES ARE HAVING DIFFICULTY IN KEEPING UP WITH THE DEMAND FOR THEIR SERVICES IN THIS REGARD. THE TIMELY RETURN OF THE SEIZED ASSETS WOULD ALLOW FOR THEIR USE IN COMBATING THE PROBLEM.

- THE UNITED STATES MUST REGAIN CONTROL OF OUR BORDERS, WHICH ARE NOW THE LARGEST POINT FOR THE IMPORTATION OF DRUGS INTO THE UNITED STATES. MILITARY PERSONNEL COULD PLAY AN INTEGRAL PART IN SECURING OUR BORDERS, AS WELL AS CONTROLLING OUR OFFSHORE WATERS AND COASTLINE. WE WOULD NOT HESITATE FOR A MOMENT TO SEND THE MILITARY TO OUR BORDERS IF ENEMY TROOPS THREATENED. YET THE SIMPLE REALITY IS THAT NO COUNTRY IN THE WORLD COULD EVER MOBILIZE ENOUGH TROOPS TO EQUAL THE DEVASTATION CREATED BY THE FLOW OF ILLICIT DRUGS ACROSS OUR BORDERS.

- THE UNITED STATES MUST INCREASE ITS PRESSURE ON SOURCE COUNTRIES FOR THE ERADICATION OF NARCOTIC PRODUCING CROPS. WHERE THERE IS A LACK OF COOPERATION, WE SHOULD IMPOSE DIPLOMATIC AND ECONOMIC SANCTIONS AGAINST THOSE GOVERNMENTS. SPECIAL EMPHASIS SHOULD BE GIVEN TO MEXICO, WHERE REPORTS OF OFFICIAL COMPLICITY IN DRUG

ACTIVITY IS RAMPANT, AND COLOMBIA, WHERE TAX AMNESTY FOR DRUG TRAFFICKERS THAT POSSESS FORTUNES ESTIMATED AT UP TO 60 BILLION UNITED STATES DOLLARS IS BEING CONSIDERED.

AS IN ANY WAR -- IF WE ARE TO EVER WIN THE WAR AGAINST DRUGS -- WE MUST MOBILIZE ALL OF OUR RESOURCES AND ASSUME THE OFFENSIVE AGAINST THE ENEMY.

ANYTHING LESS THAN TOTAL COMMITMENT AND I CAN ASSURE YOU THE WAR WILL BE LOST.

IRA REINER
DISTRICT ATTORNEY

OFFICE OF THE DISTRICT ATTORNEY
COUNTY OF LOS ANGELES
18000 CRIMINAL COURTS BUILDING
210 WEST TEMPLE STREET
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October 31, 1986

Testimony of Ira Reiner
Select Committee on Narcotics
House of Representatives

Mr. Chairman:

My name is Ira Reiner. I am the District Attorney of Los Angeles County.

In the brief time available to me I would like to speak to three aspects of narcotics trafficking in Los Angeles:

First: The scope of the problem.

Second: What we are doing locally.

Third: Some specific things the federal govenment can and and should do to combat the problem.

It is fashionable these days to take a revisionist's view of drugs and drug trafficking. As soon as the scope of the problem was discovered and exposed by the media there was almost immediately a counter-movement within the same media saying that the problem had been blown out of proportion, that (according to one headline) drug abuse in not a growing crisis.

It is important for you in examining this issue to understand this: any suggestion that illegal and dangerous drugs have not permeated this community and threatened our society is wishful thinking by those who simply don't know the facts.

The fact is that the supply of narcotics and particularly cocaine coming into California by way of an open border and into our harbors is larger than ever. Let me give you specific evidence of this huge supply. Four years ago, the price of a kilo of cocaine was right around $60,000. Today that same quantity sells for less than $20,000 — a dramatic reduction in price. Demand is up and yet the price is down. There is only one explanation and that is the obvious: the free flow of the drug is so great that the price has rapidly declined.

To the fact of huge supply and availability of cocaine and other drugs needs to be added another dimension. In Los Angeles County there are over 400 street gangs with a membership of around 50,000. Frankly, Los Angeles is the street gang capitol of the United States. Once concerned principally with matters of turf, street gangs have now entered the narcotics market so that principal areas for narcotics dealing are controlled by street gangs. These gangs are well armed with automatic and semi automatic weapons and sawed-off shotguns and are highly mobile relying upon car phones and beepers to make sure that potential drug buyers are serviced.

You can well imagine the impact of street gangs — with their sociopathic and violent base — taking over a multimillion dollar drug trade. Suffice it to say that street gang killings are now a routine part of life in Los Angeles.

What are we doing about this problem locally? We are doing several things.

1. We have in the District Attorney's Office a Gang Task Force concentrating on the prosecution of gang members and the break-up of gangs.

2. We have a Major Narcotics Enforcement Program which focuses on major narcotics dealers.

3. We have recently established a Narcotics Trafficking Enforcement Program which focuses on the so-called "small time" street dealer. The emphasis of this program is the vigorous prosecution of dope sellers — getting their bail high and their sentences long.

4. We have asked that our courts establish special narcotics courts to deal with narcotics offenders. That is at this time still under consideration by the judges.

5. Finally, I have invited California's urban district attorneys to a meeting on drug enforcement, the purpose of which is to consider what our strategy as large city prosecutors should be in combatting the problem.

Part of what that meeting of district attorneys will concentrate on are recommendations to the federal government for action. But even before we meet there are certain things that I can say with confidence should be on your agenda for federal action.

First, my office has conducted extensive research into the federal resources being utilized to combat narcotics trafficking. While we were able to glenn some information, it was clearly incomplete. I would ask that this committee obtain an audit of resources by the General Accounting office. That way we will know exactly what the federal government is doing in this initial area.

Second, whatever those efforts show I ask that before leaving California you walk the pier of Los Angeles harbor or inspect the border with Mexico and recognize that a war on drugs can't be war with a platoon of soldiers. What is required is a major resource commitment — focused on attaching the importation of drugs into this state and nation.

It is recognized that to combat narcotics trafficking there are only three levels of enforcement available: eradication, interdiction, and local arrest and prosecution. We are making efforts at the third level. But local law enforcement is merely shoveling against the tide if the federal government is not committed to eradication (when it is under its power) and interdiction (which is clearly within its power and authority). With proper commitment federal interdiction would compliment local enforcement; then we would begin to make a difference on the drug trade — and then on our neighborhoods and schools.

October 28, 1986

REPORT TO THE SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

Presented by David Amitai, Ph.D., Director of Residential Services, House of Uhuru, Watts Health Foundation, Inc., Los Angeles

I would like to thank the Committee for giving me this opportunity to present my first hand experience in the treatment of drug addiction. For the past 6½ years I have been employed by the Watts Health Foundation's substance abuse treatment program, the House of Uhuru, and am Director of Residential Services. I over-see the clinical treatment and management of a therapeutic treatment facility which comprises 65 residential clients including pregnant women and their children. Our program is accredited by the Joint Commission on Accreditation of Hospitals and has been in the forefront of drug abuse treatment and prevention in Los Angeles for the past 15 years. Treatment includes 6 to 12 months of intensive and extensive psychotherapeutic services, including medical, psychological, social, family, vocational, educational and spiritual needs of the individual. I believe we have an exceptionally strong and successful treatment program with 40 to 60 percent of our clients successfully participating in and/or completing treatment. The reason I mention this is that treatment is often very successful, especially if accomplished in a residential setting with the important element of time included. Too often, due to restricted insurance policies, treatment is too short and success unachievable.

During the past 6½ years of my affiliation with the House of Uhuru, there have been dramatic changes in substance abuse prevalence and treatment needs within Los Angeles. 6½ years ago, the primary drug of abuse in Los Angeles was PCP (Phencyclidine), today it is cocaine. 6½ years ago, more men than women sought treatment, today an equal if not greater number of women seek treatment. And lastly, 6½ years ago we could help most people who applied for admission into our program. Today, due to the nature and epidemic spread of cocaine addiction, we can help only a small fraction of those seeking our services. This is the area of my experience I wish to address to this Committee and an area I believe to be of the utmost importance and urgency.

Until recently, cocaine was viewed as being benign. Some viewed it as being psychologically addicting and not physically addicting; others viewed it as being physically addicting and not psychologically addicting. It is now apparent to researchers and clinicians that with the introduction of "free basing", we have entered into a new dimension with cocaine being extremely addicting, both psychologically and physically. Free basing is the practice of inhaling heated vapors of cocaine through a cigarette, or, more often, a pipe. Cocaine hydrochloride, the form of the drug sold on the illicit market, decomposes when it is heated, so users who want the faster and stronger effects produced by smoking, extract pure cocaine alkaloid, the free base. Today, this form of cocaine is sold in small "rocks", otherwise known as "crack" for as little as ten dollars on the streets. Tolerance of the user often changes, requiring more and more cocaine to achieve the same effect, or "high". I do not wish to use my alloted time to discuss the physical and psychological effects of cocaine, but wish to point out that the addictive process is usually very fast and following two to

three "hits" on a pipe, a person can become "hooked" or addicted. Because of this, it is far easier to become addicted and the numbers of addicted persons mushrooms accordingly. It has been shown in labortories that addicted animals, when given the choice of cocaine or food, often starve to death in using cocaine. One of the strongest human instincts, the sexual drive, is often abandoned. Users are willing and compelled to do anything to continue the compulsion. Men often turn to selling drugs (after selling all their possessions) and women often turn to selling themselves. And I am not talking of classic prostitution, but normal women, married women and women from religious and traditional backgrounds. Once a person becomes addicted to cocaine, his or her's personality, values and standards radically change. He or she will, if need be, abandon children (indeed, 75% of child anuse and neglect cases in Los Angeles are drug related), abandon family, abandon jobs and abandon their identity.

When the cocaine compulsion becomes severe, treatment is very difficult. The key ingredient in predicting and determining treatment success is one's motivation and commitment to change. Unlike standard medical treatment, one's state of mind is of paramount value. How or when does a cocaine user seek treatment? Aside from family pressure and legal directives, we really don't know. Apparently, it is when a person sees their life in total ruins and they have reached rock bottom and fear for their life. It is when they are utterly exhausted and burnt out, yet a breath of reason suddenly emerges; a fleeting moment in time when a pause somehow temporarily disrupts the consuming effects of the drug cocaine. It is when a women sees her children taken away, seeing herself exploited sexually and tragically; it is when a man sees total rejection and loneliness and death around the next corner. It is at that moment that we need treatment services available and more often than not, these services are not available. Our program has anywhere from 50 to 100 phone calls a day from persons who have reached the limits of their endurance, rock bottom, and are begging for help. Although we have a fine working relationship with the Los Angeles County Drug Abuse Program Office and I highly respect their efforts in providing needed services, there are simply not enough residential beds or sites available. And let me stress that a large portion of cocaine addicts require residential treatment where they are isolated from the cocaine traffic in our streets. Indeed, if anyone wanted to buy cocaine this minute, within 5 to 10 minutes it could be found anywhere in this city. Too often, the addictive process of cocaine is far too great for a person to withstand the pressure and temptation of the street.

A cocaine user not ready or motivated for treatment will not be responsive to treatment. If we cannot admit (into residential treatment) those seeking help, what happens? All community based programs are full with waiting lists for 30 to 60 days. We know that if we can't help those seeking help, we are giving them the non-verbal message, "go out and use and abuse some more . . . go and sell yourselves and drugs to others." We have stopped taking names on our waiting list because we don't want to make false promises. And then, more often than not, when we attempt to contact someone (on the waiting list) after a few weeks, either he or she cannot be found or he or she is no longer interested.

He or she may be drowning in drugs and is not at that passing moment in time, earlier discussed, when they want help. We must be able to help those seeking help. Many private programs costing five hundred dollars per day are not within the reach of those who have lost everything and in equal need. I meet monthly with representatives of other rehabilitation and detoxification services in Los Angeles, and all programs are experiencing similar pressures and similar frustrations.

I believe that, ultimately, prevention is the key. However, are we to say that a smoke free society is the answer to lung cancer and not treat the cancer caused by smoking cigarettes? Prevention will not succeed if we have hundreds or thousands of cocaine addicted individuals selling cocaine at ten dollars a rock to support their own addiction. We find ourselves in a "catch-22" losing battle with the number of those selling cocaine increasing proportionately to the number of those seeking our help which we cannot provide. We must do the possible, not turn anyone away, and significantly increase the number of treatment spaces. We must realize that whenever we turn someone away, we have missed a golden and perhaps irritrievable opportunity and are, in effect, condoning that person's continued illicit drug usage and illegal behavior it produces. We must realize that cocaine addiction is a new phenomenon and we must do whatever is humanly possible to curtail its spread.

TESTIMONY

BY

MIKE WATANABE, MSW
EXECUTIVE DIRECTOR

ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.

SUBMITTED TO

U.S. HOUSE OF REPRESENTATIVES

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

LOS ANGELES, CALIFORNIA

OCTOBER 31, 1986

EXECUTIVE SUMMARY

This is an opportune time to correct and make up for past shortcomings in the drug abuse service delivery system. Drug abuse services have historically been under funded. This may be related to a view once held that the problem is a passing phenomena and one day will go away. It has not and will not. Public policy should be shaped with a long term perspective and a permanence planned for drug abuse services.

Looking back and looking ahead, any long term analysis and plan cannot deny the need for services that are sensitive to the distinct ethnic populations in our communities. In this context, the Asian Pacific community in Los Angeles, in California, and in the country are woefully underserved. This is the fastest growing population in Los Angeles, and our experience has been that drug abuse problems exist as much in this community as any other Moreover, our projections are that these problems will dramatically increase in very short order.

The Asian Pacific community is as complex as it is large. The differences among the various ethnic groups are dramatic. Language, customs, degree of acculturation, etc. add to these differences. Bilingual and bicultural services are absolutely required in order to adequately serve this population. Current services have struggled through over a decade of public policy neglect. Inflation, funding cutbacks, institutionalization of the system, and other trends have taken a debilitating toll on the existing services, much less on developing new services. In other parts of the State and country, Asian Pacific services have not even begun.

My recommendations, then, are that the Committee look very hard at what has occurred over the past ten years and use its authority to influence policies and practices in two general areas, how the service delivery system overall is faring and how the Asian Pacific communities are and are not being served.

The key to understanding drug abuse problems in Los Angeles County is to recognize and become knowledgeable about it's population. Los Angeles has experienced an explosion in the ethnic minority population in the last decade that has been well documented and the focus of numerous studies. The 1980 Census indicated an expansion of the Hispanic population by 68% since 1970 to over two million, of the Black population by 28% to nearly one million, and the Asian Pacific population by 94% to nearly ½ million. Figures commonly used reflect the 1980 count to be comprised of 47% ethnic minorities in the County, however, since that time scientific projections, recent studies, and common sense now tell us that there is no majority in Los Angeles. The implications are clear. Any informed perspective on the drug abuse problem in Los Angeles must acknowledge these ethnic differences and how drug abuse is manifested through them.

My testimony shall focus on one such group that is really only a group for demographic convenience, the Asian Pacific community. By far the fastest growing ethnic group in Los Angeles at 94%, current estimates place the count somewhere between 560,000 and 1,000,000. The County Health Department, in their planning projections estimate the population currently at nearly 900,000. More importantly, their projections for 1990 are approximately 1,100,000 or nearly 13%, surpassing the Black community at 984,000 and 11.5%. The year 1990 is only a scant four years away. Are we ready for this population in terms of drug abuse services and plans? Not in the least. Ask this same question outside of Los Angeles, in California?, in the western United States? Again, the answer is the same.

THE ASIAN PACIFIC COMMUNITY

To begin to serve this population, one must understand it. The key to this, in turn, is complexity. There are well over a dozen separate and distinct ethnic groups among this demographic category. They are all definitively Eastern in culture as opposed to European. Cultural conflict is more profound as a rule. Languages are as different among them as they are from English. Differences in periods of immigration and motives for coming to America are reflected in well defined differences in resources they bring with them. For example, Vietnamese immigrants prior to the fall of Saigon may have more in common with Pilipinos immigrating during the 1970's than with their own countrymen who came here during the past ten years. Generational differences are well known and are often not that different in general from different generations of people from Europe. Yet, because of distinct physical differences, assimilation even for 4th or 5th generation Asian Pacifics has its limitations. In any event, a Chinese American of the fourth generation definitely has more in common with a fourth generation Japanese American than even a third generation Chinese. A final significant parameter is geography. Unique to Los Angeles, geographic spread of Asian Pacifics also impacts on this complexity. For example, a third generation Japanese American growing up in East Los Angeles may have more in common with Latinos than with a Japanese American growing up in Crenshaw.

We have therefore, well over a dozen distinct ethnic groups with differences in immigration history and experiences within each one. We see as many as five different generations with various levels of acculturation and assimilation. We see these groups spread throughout Los Angeles County often times with distinct value orientations as a result. Each of these major parameters multiply the possibilities and confound any attempts to make assumptions about

individuals. Add to this the non-Asain Pacific observer, and truly understanding this group seems impossible.

On the other hand, AADAP's experience clearly indicate that drug abuse services provided by bicultural/bilingual staff makes all the difference in the world. Staff whose family experience parallel those being served have been the best opportunity to understand them. As needed, common language obviously enables services otherwise not possible. Bicultural staff have repeatedly demonstrated insight and understanding of the cultural parameters implicit in drug abuse etiology and cultural obstacles to help seeking. The following serve as examples:

1. Culture conflict is everpresent among East/West contexts. One extreme example among our cases was that of a Samoan American adult, F. F was a 25 year old born in American Samoa and raised in Carson. He was the eldest son in a family with traditional kinship ties. This required strong allegiance and support of the extended family. This specifically took one form in severe conflict with American traditions. F. was required to turn over his paycheck to his mother intact; she used his contribution to the extended family as she determined family needs; she occasionally gave him an allowance. F. had American goals of moving out from the family and establishing his own household. This was impossible without alienating the extended family. He eventually rebelled and did so. For several months, he could not visit his family as long as he was not contributing. He went into a deep depression and eventually became addicted to PCP. AADAP staff could not solve all of this conflict for F. However, the bicultural staff at least was aware of the depths and strength of these familial expectations and the deep dilemna F. faced. Treatment goals were not insensitively

imposed to support his movement towards independence. A Western clinician would in all likelihood assume this treatment goal and support it. Twenty five, after all, is far beyond what a family would reasonably expect. Other, moderate forms of culture conflict occurs with Asian Pacific ethnic groups, e.g., coming directly home to study rather than playing, excessive controls on adolescent behavior in order to bring community pride to one's family, suppressing one's opinions in the presence of elders or authority versus sharing one's opinions in the classroom, and on and on. Maladaptive behavior to these stresses have increasingly been observed in the form of drug abuse.

2. Communication styles are another example indicating the efficacy of bicultural service providers. Asian Pacific peoples are trained from childhood to pick up on non-verbal cues. The high value placed on group harmony dictates deferring to these non-verbal cues. This precludes the Western style of expressing individual opinions and negotiating a concensus or remaining and respecting the differrences. While it is true that clinicians are trained to observe and correctly interpret non-verbals, they can hardly understand them as well as a fellow Asian Pacific person. More to the point, these non-verbals are always conveyed in the cultural context. Ignorance to this is a more substantial obstacle for the non-Asian.

3. Discrimination and racism as experienced by Asian Pacific people are further dimensions of drug abuse etiology for this population. Racism is also deeply rooted in the service system as well. It is difficult for Westerners to understand this factor when it comes to Asian Pacifics. We have historically been portrayed as a model minority that

has successfully adapted to the American system. What is not appreciated is that the American system also includes racism. What is actually an elaborate and complex coping process among the Asian Pacific community and results in a relatively quiet response to it is, I believe, interpreted as the nonexistence of problems. Too often I have encountered surprise among non-Asians when told that racism takes a toll on Asians, that Asian Pacifics are discriminated against. I believe that secondary racism exists in the view that Asian Pacific people are doing better than Anglos in measures such as education and income surveys, so how can they be unhappy, how can they complain (even if racism against them is present). Well, the truth is that those studies are averaged, and some Asian Pacific communities are far less "successful" than Anglos. Further, the suppressed responses to racism are as much a detriment to ones quality of life as overtly expressed anger. One of the common manifestations of this maladaptive process is drug abuse.

4. Language differences, again, need not be elaborated insofar as service delivery systems are concerned. Obviously, if one cannot communicate, one cannot help much. The other issue here is language limitations and its role in drug abuse. Language is fundamental to survival in America. One need not think hard to know all the pitfalls imposed with maintaining jobs, interfacing with authorities, developing heterogenous support networks, and interfacing with the majority society in general. Further, generational differences in language capabilities also creates stresses on family systems when ones child is better equipped to take care of the family business.

5. Finally, help seeking behavior as a cultural parameter in drug

absue needs mention. Western society has historically and increasingly been dominated by the medical model. As such, treatment of physiological and psychological problems tends to be recipe like. Diagnoses are highly sophisticated and rigidly classified, treatment is dogmatically indicated. Informal resources, cultural alternatives, e.g., acupuncture, and other practices are discouraged and labeled resistance in the case of mental health and "against medical advice" in the case of medicine. A more practical system can only be appreciated by one who is themselves bicultural. Through services provided by one who is culturally sensitive, such alternatives as family intervention, realigning community relations, team approaches that may include acupuncture, herbal therapy, etc., may be conceived.

DRUG ABUSE TRENDS

The weight of the complexity that colors the Asian Pacific community challenges any effort to describe patterns and trends. The following section forces analyses and observations that a prudent person would not attempt. However, the critical need for sensitive public policy provides purpose enough.

We have seen variations among several parameters. Among the different ethnic groups, levels of use and abuse have been noticable. By far, the highest population of Asian Pacific people we have served are Japanese American. They have been Sansei, third generation, abusers during the early years of our history. Drug preference tended to be barbituates through the 1970's, as well as overrepresentation of heroin addicts. By 1980, we began to see Yonsei, fourth generation, youth who were most frequently second generation abusers, i.e., their parents were products of the drug subculture of the 60's.

Barbituates and heroin continued in heavy use, but PCP, or angel dust began to increase dramatically. By 1983, angel dust was the dominant drug abused and "dual diagnosis" (those with both drug and mental health diagnoses) were seen more and more. Recently, over the past two to three years, cocaine began its climb. Heroin and barbituates have tapered off and declined during this period, but PCP is still steady. Among Japanese Americans, drug abuse have been almost exclusively a problem among the acculturated and assimilated third and fourth generations. In the past few years, however, we have begun to see the young Japanese nationals who generally reflect the internationalization of drug problems. These are generally young urban nationals here in America on extended tours and for relatively short term work. Only rarely did we see young Nisei, second generation Japanese Americans; only rarely do we see older Japanese nationals in the corporate world. However, we do expect, if assimilation continues on a normal course, that these may come up.

Among Chinese and Pilipino Americans, similar patterns existed through the 1970's although in smaller numbers. They were also third generation Asian Americans and contemporaries of the Japanese Americans using drugs. This subculture was fully integrated in what was commonly called the "Movement", and an ethnic manifestation of the 60's counterculture. The smaller numbers merely reflected the proportionately small numbers in those communities, and we estimated abuse rates per capita to be similar to the Japanese Americans. The Chinese and Pilipino population has changed dramatically during the past several years as a result of immigration. By 1985, a Southern California Gas Company study reflected 89% of Pilipinos and 95% of Chinese were foreign born. Although English proficiency was measured very high, most of them preferred their native language and all were obviously traditional in values and habits. The drug abuse problems are focused with the young people among

these groups. While most of them are foreign born, the sensitive age they are in heavily impacts their adjustment. The cultural variables mentioned above have been highly influential on more and more children abusing drugs. We have begun, over the past few years, seeing more and more Chinese and Pilipino abusers. However, again due to culture, language, and our limited resources, we are convinced that they represent only a small portion of the problem. "Ludes" are heavily reported among Chinese. PCP and cocaine are popular among Pilipino youth. Cohort reports testify to this, but more sophisticated research is needed. Projections are that drug abuse "crises" will hit these communities more dramatically soon.

Our experiences with the Korean community is similar in recent years, but different in earlier years. Through the 70's, third generation Korean Americans were rarely seen in our agency with addiction problems. However, like Chinese and Pilipinos, the vast majority now are foreign born, therefore a whole new community. The same 1985 Gas company study indicated 99% of Koreans to be foreign born, and while 72% were proficient in English, 93% preferred their native language. Bilingual services are virtually a prerequisite for this population. Last year, we assisted in a national directory of human services in Korean. Since its publication, we have had many calls from as far away as New York. We expect drug problems to expand rapidly.

The Samoan community has been the most frustrating. The expansion of the population has not been so dramatic as the Chinese, Pilipino, and Korean communities. It has, in comparison, been fairly stable in numbers, albeit expanding. This population is among the poorest and lowest educationally among Asian Pacifics. Relative to its size, we speculate it has the highest

per capita drug abuse problems. We have served clients in this group only under the severest conditions when kinship resources fail after repeated attempts. Cohort reports indicate a very large underserved population in the South Bay area. Our efforts have been limited in success due in all probability to the nature of the community. It tends to retain the Samoan way of life more tenaciously, kinship networks are difficult to penetrate, (Samoan workers from different kinship groups have also had difficulty with this), culture conflict seems more pronounced, and social controls to stay within the community stronger. We have seen continuing problems with PCP in this community during the past several years to the present.

The Indochinese community, like Koreans, have a comparatively short history of immigration and is largely first generation with traditional cultural features. Here too, we saw virtually no clients prior to 1980. Since then, however, there have been increasing calls for service. Language is a prerequisite, although the different languages involved create further obstacles. We have not seen heroin, barbituates, nor other prescription drugs. PCP and cocaine have been more usual in our dealings. Like Samoans, on the other hand, we have only been called when the client has "burnt all bridges" within the ethnic resources and is in severe crisis. This has most frequently involved mental dysfunction as well as drug abuse problems.

In summary, drug absue trends and patterns have been different for the different ethnic groups. Their immigration longevity, degree of assimilation, language proficiency, and cultural qualities have had an impact to types of drugs abused and our ability to serve. In the past, we have been successful providing services in English. However, the changing population indicate planning for future services must provide the full variety of languages and ethnic

staff. A national research project must be implemented immediately to test our experienced based speculations about the nature and scope of the problem.

ASIAN PACIFIC SERVICES AND FUNDING EXPERIENCE

AADAP began services as a result of massive community organizing and community outcry in 1971 and 1972. For the first time in Los Angeles, cohesion between the various Asian Pacific ethnic groups was developed. Efforts to access local funding had little success and the community turned to the Federal Government. Through a Federal initiative, AADAP was formed to provide residential and outpatient services. Further effort accessed prevention dollars in 1975. The inter-ethnic composition of the community efforts led to a very ambitious goal of establishing and developing separate drug programs in each of the major ethnic communities. Many people admitted at the time and acknowledge today that this was unrealistic. However, this was attempted because all concerned felt that this was needed then as it is today. Within two years, this effort disintegrated. Therein, the ambitions of the separate communities became relegated to maintaining one outpatient counseling staff for each major ethnic community, Japanese, Chinese, Pilipino, Samoan and Korean. With the smaller size of the community and the lower cost of operations, this was feasible then. The other components, residential and prevention, were able to provide adequate services for that time as well.

From the beginning through 1981, there was a sense that this comprehensive program was a model in serving the community. There was some growth in services, and while these new services were not drug abuse services but adjunctive services from other sources, such as, Comprehensive Training and Employment Act, State juvenile prevention funds, and Community Services Agency sources, the growing population and the lack of growth in drug abuse funding did not seem alarming.

By 1980 and 1981, however, the impact of double digit inflation and the Block Grant funding policies brought this pattern to light more clearly. Since that time, other factors have compounded this earlier trend. Note the following points:

1. Since 1975, there has not been one new dollar in drug abuse services to the Asian Pacific community.
2. In thirteen years inflation has accumulated. 100%? 150%?
3. The accumulated increase in funding has stayed in the neighborhood of 10-15%.
4. In 1981, AADAP was reduced 8%, due to Block Grant policies. Our outpatient staff was reduced to four. We have had smaller reductions as well.
5. Recently, due to shifts in local policies, our outpatient staff has again been reduced to three.
6. Institutionalization of drug abuse funding policies have increased administrative demands from the funding sources and therefore administrative costs.
7. The Asian Pacific population has grown more complex and exploded in numbers.

AADAP has been one of the more stable and successful programs in the area. We are fortunate to have had this track record, however, unless policy is reviewed and trends are changed, we may be experiencing a slow death. The debilitating effects must stop. We cannot effectively serve this community with three outpatient counselors. Our residential and prevention programs have better projected success, but they have an eight month waiting list in the former and several schools waiting in the latter.

SYSTEM PROBLEMS

The new federal legislation presents an opportunity to correct past policies, however, only if further system problems are addressed. Some of these are as follows:

1. Ethnic minority status

   In the past five years, there has been a shift in how ethnic minorities have been viewed. During the seventies, ethnic minorities were well recognized as special populations in need of services. While we are not totally removed as such, there have emerged a number of other special populations that funding has been directed to, e.g., women, adolescents, handicapped, gays and lesbians, etc. Ethnic minorities are currently lumped together at the State level under that wording, and recent patterns have reflected that funds to specific ethnic populations have only occurred if an agency previously serving that population is defunded. It seems as though new funds in the future shall not be directed to ethnic populations regardless of ethnic growth projections.

2. Treatment services

   Treatment services directed towards active abusers were at one time highly prioritized. Since 1981 and the Block Grant mechanism, this has changed. At that time, prevention services were far behind in funding proportion and language was entered to develop this sector. I believe this was justified at the time, however, there seems to be no counterbalance to this trend in the future. Most media focus has been on children saying "no". Most new funds at the local level has been directed at prevention services. There have been local policies providing incentives to redirect treatment dollars to prevention.

Very little has been done to analyze the impact of policy neglect on treatment services.

3. Institutionalization

Over the past few years, another trend has developed that should be looked at carefully. Drug abuse has become big business. The profit motive in the private sector and the grantsmanship game in the public sector have tended to channel funds to larger and richer organizations with sophisticated machinery to capture these funds. Responsible public policy must ask at this juncture whether bigger is better. For two decades, the forefront in the battle against drug abuse and the seasoned expertise has resided in the small and medium sized community based organizations. Their strength has been in their commitment, experience and love. They did not have professional proposal writers and slick media packets. It is simply being packaged differently. Our experience has been that intimacy, commitment, care, and concern are ingredients found more readily in these smaller entities and are critical in success.

Another aspect in this trend to institutionalize drug abuse can simply be measured in the weight of paper required from funding sources now as compared to fifteen years ago. The "monitoring instrument" used fifteen years ago was two pages and called the Federal Funding Criteria. The current monitoring instruments is 65 pages long, and this is only the checklist. The amount of staff time needed to make this paper is proportionate to this. Yet, with all this, we are still counseling addicts successfully in the same way; we are still impacting children to prevent their future use in a similar manner. One way of appreciating this is to look at an example that comes to mind.

Fifteen years ago, when I worked as a counselor in our residential program, we had a rule called "three strikes and you're out". If an addict had dirty tests twice, he'd be forgiven. If he tested dirty a third time he would be terminated from the program. It was a dismal failure, and everybody used twice. Furthermore, everybody coming in the door would be taught that they could use twice. I understand Peter Ueberoff adopted this rule in professional baseball and Steve Howe went through program after program paying $15,000 per one month program without success. We also learned that fifteen years ago that one month programs don't work except on a rare occasion, and we're doing well if we receive $1,000 per month through public sources.

4. Methods of funding

In California, the method of funding drug abuse services have been through the Short Doyle contract mechanism. This mechanism is counterproductive. It was developed with fiscally sound intent, but the real impact has not to my knowledge, been assessed. It's foundation is that the State will provide funds for drug abuse services to the extent that the Counties need funds. In Los Angeles, this is passed on to private non-profit contractors. The mechanism is too complex to fully elaborate here, however, the impact is clear. If the contractor raises additional funds on its own, the State withholds that amount since it is "not needed". This creates not only a disincentive from raising funds, but actually punishes the initiative. A second counterproductive effect is that the State will not pay more than "actual costs" of services. Actual costs is based on total costs divided by amount of services. Actual costs is also the basis for the

following year's contract. The result is that if you spend more, you get more since your costs are higher. Further, if you do less services, you'll get paid more the next year since less services mean more costs if the total costs remain the same. There's more. If you do more services, you get less the following year since the costs per service is less. If this is complicated, look at the messages to the contractors. Spend more, do less, and you will be rewarded. Spend less, raise your own money, do more work, and you will be punished.

The long term damage of this mechanism is that contractors are left to die on the vine. There is no honest way to establish stability in staffing and normal growth in salaries. Over the years of virtually no cost of living increases, the gap between drug abuse services and other human services have grown. The comparison in salaries between those who provide the services and those who monitor the services is widening. The local attitude is not very sympathetic. Only this week during contract negotiations, the County negotiator responded, "You can't compare yourself to the County. You do it for less. That's why we contract with you." Indeed, the County will tell you that the cost benefit ratio is six to one. Not enough is being done to assess what the impact of this mechanism is having on the providers of services that are doing it for the "one". What is usually focused on is how cheaply the County is doing it for. Make it "two" and you're still way ahead.

RECOMMENDATIONS

1. The committee should seek information from Asian Pacific community leaders in other cities in the country regarding the drug abuse problems they face and encourage, if not require, that the local government fund programs to serve those needs.
2. A national research should be funded to conduct a more thorough study of drug abuse problems in those communities.
3. A national training project should be funded to provide training in Asian Pacific history, culture, and drug abuse service methodologies.
4. The committee should encourage and ensure that all ethnic minority communities are not neglected in further services in drug abuse.
5. A review of California's contracting policies should be conducted to ensure that all is done to encourage and develop drug abuse services.
6. Salary studies should be encouraged by the Committee to ensure that the publically funded, private, nonprofit sector receive proper funding for equitable salaries and long term stability.
7. Policies should be considered to discourage high cost, institutional services and encourage lower cost community based organizations.
8. Committee should encourage, if not require, Los Angeles County to increase drug abuse services to the Asian Pacific community three-fold in outpatient and prevention services.

SEY YES, INC.
TESTIMONY
SELECT COMMITTEE ON
NARCOTICS AND CONTROL

SEY YES, INC., was incorporated in 1968 in Los Angeles, California, as a non-profit community based organization and is located at 3840 Crenshaw Boulevard, Suite 216. Our Program "An Alternative Approach To The Reduction of Gang Violence" serves in a complementary manner as liaison to law enforcement and the Los Angeles Unified School District. This program provides prevention, intervention, technical assistance and grassroots intelligence gathering, to assist reduction of gang and drug violence to law enforcement, the Los Angeles inner city school personnel and police, and surrounding communities. We currently service over 200 schools.

SEY YES has been cited by organizations and businesses in the community, the Los Angeles Board of Education, City and County of Los Angeles for its outstanding contributions and important work with hardcore youth in the South Central Los Angeles area and other cities. Our organization was recommended by the U.S. State Department to meet and exchange ideas with delegations from Nigeria, China and France on some of the solutions to street crime upon their visits to Los Angeles. SEY YES is the only community based gang related program listed in the Congressional Library of Congress. We have provided technical assistance, crisis intervention and transfer of skill workshops to Amusement Parks, the Los Angeles Police Department, teachers, administrators, parent groups, community groups and church groups. Also, the SEY YES staff has been invited to participate in transfer of skill workshops in Richmond, California; San Diego, California; Phoenix, Arizona; Chicago, Illinois; and with the Reno, Nevado Job Corp Center; the California Youth Authority personnel; the MacClaren Juvenile Hall personnel; the University of Southern California's Human Relations Department, and the California Judges Conference in San Jose, California.

SEY YES is currently funded by the California Office of Criminal Justice Planning, the Los Angeles County AB-90 Subvention Program, the city of Los Angeles Community Development Department and small private donations.

The SEY YES approach include five (5) programmatic components that provide prevention and intervention to the gang/drug phenomenon, 1) INFORMATION CLEARINGHOUSE serves law enforcement, school officials and personnel, parents and the community-at-large through grassroot intellegence gathering and technical assistance, 2)STREETOLOGY COUNSELING serves as a vehicle to reach gang/drug oriented youth, the youth leaning toward gang/drug activities and behavior, and youth and parent, 3) CRISIS INTERVENTION AND CONFLICT MANAGEMENT services contracted

schools by having the SEY YES Crisis Intervention Teams maintain highly visible activities on campuses with emphasis on athletic and social events, 4) TRANSFER OF SKILLS provides on-going workshops, seminars and in-service training on gang/drug related issues, and 5)YOUTH SKILLS AND DEVELOPMENT serves youth of elementary school age by involving them in positive after-school activities to develop positive educational and athletic skills.

From the SEY YES point of view, the escalation of drug use and sales in the Los Angeles area has many contributing factors, primarily unemployment, the increase of gang activity and drug abusers. The nature and extent of drug abuse in the community is diverse and complex. You have the modus operandi drug traffiking that takes place in most major cities, and then you have the young teenage boys and girls that have gotten involved in making huge amounts of money by selling drugs and parents turning their heads because of the amount of money being brought into the homes for their personal use. Other new problems surfacing are 1) gang members gaining access to more dangerous weapons with money made from drug sales, 2) female gang members becoming victims of prostitution to support their leader and their own drug habits, 3) violence increasing on school campuses with gang members taking over the teenage drug market, 4) youth becoming involved because of unemployment, 5) gang members being hired as paid killers, 6) a gang backing up a non-gang drug dealer from their particular turf, and 7) the most critical; entire families that become victimized because a gang member and drug dealer are both members of the same household, sibling turning on each other, parents and children turning on each other resulting in interfamily conflicts.

The inner city community is suffering also, there are rock houses and rock corners in every neighborhood, many times several on one street. On some street corners you can find youth from the ages of eight to twenty-five openly selling rock (cocaine) and heroin. Many times there are as many as four to six youth to a corner. On some blocks you can find eight to twenty people working one block, each selling dope at the same time, approaching people on the street and in their cars. Many people who find themselves unemployed temporarily with no income and no record are becoming involved in drug sales to get themselves out of the hole. These same people that make themselves believe that their drug involvement will be short term and that they have a good reason for their actions, find that in many cases they cannot get out and that in the meantime, they have endangered their families and many cases have endangered their own lives. To show how violence and disrespect for life has escalated since the gang/drug phenonmenon, innocent victims deaths increased from

34% to 45% over this same period last year and we understand that 30 to 35% of all gang related crimes have become gang/drug oriented.

Statistical data from the Los Angeles Unified School District's Statistical Digest show that as a whole, the district lost 6.4 million dollars in damages during the 1984/85 school year. There was also a 400% increase in weapons in lockers or vehicles, a 440% increase in weapons displayed on campus, a 33% increase in hard narcotics use, a 73% increase in assaults and 4,888 students suspected and/or arrested for crimes.

The drug structure among youth can be likened to college degrees. An AA degree is comparable to a youngster who is brave enough to sell drugs in elementary school, a BA degree represents a youngster in Junior High that deals in selling drugs and prostitution, a MA is the youth in High School that begins to recruit others to sell drugs and prostitute for him, and the Ph.D. is the youth that controls and collects from the elementary, junior high and high school youth - does not have to take risks and keeps his recruits supplied. Many of these young people are becoming involved in these criminal activities before they are aware of the consequences of their actions which many times result in death. Many of these youth have stated that if they could find decent employment they would stop selling drugs because of the risks involved. The 36.4% rate of unemployment among black teens and the 25.7% among brown has been a definite factor.

It is the opinion of this agency that the Federal role in drug abuse prevention and control is admirable, however, we have noticed by the time the Federal dollar reaches the youth on the street, it has been diluted to almost nil because of the money needed to administer these programs. SEY YES would like to illustrate the needs of the community in this way: If a car (community) has four flat tires (services), it cannot move forward. If only one flat is fixed, it won't go far. The four flats represents 1) employment, 2) grassroot community based organizations and law enforcement working together, 3) prevention activities for elementary age youth, 4) education program for parents and a parenting network, and, 5) "the spare" - intelligence gathering through resources in the community on drug and gang activities.

Therefore, the SEY YES recommendations to decrease this severe problem of youth gang/drug violence are as follows:

1) an employement program for youth;

2) information workshops conducted for parents and guardians regarding gangs and drugs;

3) witnesses encouraged to come forward to assist in putting away violent perpetrators;

4) law enforcement and community based agencies working together through intelligence gathering to identify and prioritize the more violent gangs that are involved in drug sales and killing for profit;

5) a parenting network set up, strenthened and empowered;

6) federal dollars targeted toward drug prevention and rehabilitation programs along with stronger laws to deal with drug traffiking from top to bottom.

7) enough monies given to grassroot programs to give them time to make an impact in the community.

The SEY YES staff would like to take this opportunity to thank the Select Committee on Narcotics and Control for giving us the opportunity to express our views on the gang/drug problem facing us here in the Los Angeles area.

THE LOS ANGELES POLICE DEPARTMENT
PRESENTATION TO THE U.S. HOUSE OF REPRESENTATIVES
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL
BY ASSISTANT CHIEF BARRY M. WADE

OCTOBER 31, 1986

INTRODUCTION

The narcotics problem in Los Angeles has reached epidemic proportions. The supply routes of major drug traffickers change periodically and, at present, Mexico would appear to be a major route into the United States. As a result, the influx of narcotics into the Southern California area is at an all time high.

There has been a simultaneous rise in the incidence of drug use among various segments of the population. The results of the epidemic levels of drug availability and drug use in the City range from an increase in drug related murders or other crimes to the emergence of fortress-like structures, known as "rock houses" in residential neighborhoods. Other less dramatic effects related to pervasive drug use, such as increased employee absences and thefts, are also rising at an alarming rate.

The Los Angeles Police Department made record narcotics arrests and seizures in 1985 and continues to do so thus far in 1986. Extraordinary amounts of narcotics, money and weapons are confiscated routinely as a result of the Department's "full spectrum" approach to narcotics enforcement. In general, the "full spectrum" approach employs a variety of strategies that attack the drug problem on numerous fronts. This report will outline our full spectrum program and document our efforts in fighting the drug epidemic.

However, local agency efforts to control the problem are doomed unless the Federal Government becomes involved and attacks the problem on four fronts. These four broad areas are: international initiatives; expanded interdiction; protected borders; and nationwide implementation of the DARE program.

International Initiatives

Drug trafficking does not exist in a vacuum. Narcotics problems are not unique to a particular country and are not restricted by national boundaries or distance. The drug problem is international in nature and cannot be eradicated by any single

nation. In this era of interdependence among nations with regard to matters of economics, defense, and other affairs of mutual concern, it is absolutely incumbent upon us as a nation to ensure that all future agreements, pacts, and accords reached with other countries include a proviso committing the concerned countries to a policy supporting the total eradication of the drug trade both within its own boundaries and throughout the world. Those countries receiving foreign aid from the United States should be required to provide evidence of a vigorous, ongoing drug enforcement/eradication program as a stipulation to the disbursement of funds from our nation. Countries receiving aid should be advised that continued foreign aid is contingent upon the effective implementation and administration of such programs.

Expanded Interdiction

Since 1975, Miami and surrounding Dade County, Florida have been the main port of call for shiploads and planeloads of cocaine trafficking into the United States. Several factors have brought about the convergence of this vacationer's paradise into one of the most violent cities and cocaine capital of America.

First Miami, being the southern most area of the United States, is strategically located to the Andrean cocaine fields in Peru, and the processing plants in Columbia, Bolivia and Venezuela. Second, because the climate matched that of South America the drug kingpins were attracted to Miami. Lastly, airplanes smuggling drugs made fuel stops on the Caribbean Islands and could duck under radar while headed for Miami where they dropped loads in the ocean to waiting boats.

In January, 1982, President Reagan's South Florida Task Force, consisting of several federal agencies and led by Vice President Bush, began to combat major drug trafficking operations in Florida.

Since this interdiction effort began, it has disrupted the drug supply to a degree that the tide of cocaine trafficking has shifted to smuggling routes through Mexico into Southern California. This is substantiated by informants, interviews with arrestees and a dramatic increase in cocaine seizures -- 358 pounds of cocaine seized by the Los Angeles Police Department in 1982 compared to 10,743 pounds through September, 1986. Federal agencies have also seized thousands of pounds of cocaine along the border. The Federal Reserve Bank has noted a major shift in sizable bank deposits from the East to the West Coast.

The challenge of logistics and uncovering the covert nature of drug smuggling in Southern California is unattainable without the interdiction support from federal agencies. Therefore, the United States should implement a Southern California Task Force immediately and utilize all available resources, including enhanced intelligence and military support, to detect and intercept illicit drugs before they are smuggled into the U. S. This effort could prevent a recurrence of the disaster in Southern Florida.

The Federal Government should be prepared to fund and direct resources anywhere in the nation to stem narcotic smuggling and support the police departments that are without the funding and territorial authority to combat the narcotic trafficking epidemic beyond city limits.

Protected Borders

Because of geography, the law enforcement community in Los Angeles is especially aware of the problems caused by unprotected borders. As will be shown in this report, Los Angeles is a major center of narcotic smuggling activities. The amounts of drugs and money seized in Los Angeles are at an all time high, and it is evident the problem is much too large for local agency control. The Federal Government must become more involved in the effort to stop the flow of drugs across our borders. The funding of all federal agencies charged with protecting our borders must be increased. Sufficient manpower and technological support must be provded to enable these agencies to meet the challenge.

Nationwide Implementation Of The DARE Program

All efforts to abate the drug problem, no matter how rigorous, will be futile if there is not a dramatic reduction in the demand for drugs. The Los Angeles Police Department, working with the local school district, has implemented a program of Drug Abuse Resistance Education (DARE) which is designed to accomplish just such a reduction in the demand for drugs. Police officer-instructors teach elementary school children how to develop self esteem and to resist peer pressure so that they can say "no" to drugs. The DARE concept is gaining wide acceptance among experts in the fields of education and law enforcement in addition to being recognized as the finest program of its kind. It is imperative that DARE programs be implemented nationwide if we are to reduce the demand for drugs in the U. S. Details regarding the Los Angeles DARE program are included in another segment of this report.

Full Spectrum Approach to Narcotic Enforcement in Los Angeles

This full spectrum approach goes well beyond the traditional approach to narcotics enforcement which specifically focused on street sales of narcotics. The major facets of the program are as follows:

* DARE Program
* Juvenile Narcotic Enforcement
* Street Sales Enforcement
* Major Dealer Enforcement
* Smuggled Narcotics Interdiction
* Legislation
* Technology

I. DARE Program

A. It became clear several years ago that, despite our best efforts, the supply and use of narcotics in Los Angeles was not diminishing. Inasmuch as there is generally an inextricable link between supply and demand, the Department adopted a policy which had as its goal, the immediate reduction and eventual minimization of the demand for drugs.

A decision was made to concentrate our efforts among young children who were still in the formative years of life and, therefore, less likely to have arrived at a conscious decision regarding drug use. Working in harmony with the Los Angeles Unified School District, the Department embarked upon the development of a curriculum geared toward the attainment of the established long term goal.

B. The Los Angeles Police Department's DARE Unit (Drug Abuse Resistance Education) was created in 1983 to combat the introduction to and use of narcotics and dangerous drugs by juveniles at the elementary school level. One of the first school efforts to gain national attention, DARE was developed and jointly sponsored by the Police Department and the Los Angeles Unified School District. Personnel salary costs are absorbed by the Police Department's budget.

C. DARE is a primary prevention program aimed at children who have yet to have their first drug experience. Its goal is to reduce the incidence of drug abuse by children through presentation of a prevention curriculum by specially selected and trained uniformed police officers.

D. The curriculum itself focuses on four major areas:

1. Providing accurate information regarding alcohol and drugs;

2. Teaching students decision-making skills;

3. Teaching students how to resist peer pressure; and

4. Giving students ideas for alternatives to drug use.

E. Ancillary lessons pursuant to self concept improvement, respect for the law, and personal safety are also included as part of DARE. DARE officer-instructors routinely interact with school teachers, administrators, nurses and counselors in addition to parent groups in the course of their duties.

F. Fifty-two officer-instructors have been sent into 347 elementary schools (all of the elementary schools in the City) and 58 junior high schools in the City of Los Angeles. The DARE program focuses on the fifth and sixth grade students on the theory that they are more receptive to this type of instruction than the older students who do get follow-up instruction.

G. In 1986 some 70,000 children will have the benefit of the full DARE curriculum. The children in lower grades will be exposed to the curriculum and DARE has a parent education night at each of the schools once a semester.

H. In addition to its classroom work the DARE program has trained 62 law enforcement agencies and school districts throughout the country including agencies in Virginia and Hawaii. In 1987 the State of Illinois will adopt the program. Attached to this report is additional information on the program.

II. Juvenile Narcotic Enforcement

A. The use of narcotics and dangerous drugs by juveniles has reached epidemic proportions in our community. To cope with this problem and resultant juvenile criminal activity, the Juvenile Narcotics Section was formed in 1974 within the Los Angeles Police Department's Juvenile Division. The express purpose of this section is to curb juvenile drug abuse. It is the

goal of section personnel to identify youthful drug users and direct them to appropriate rehabilitative services. Juvenile Narcotic Section personnel are juvenile officers first and foremost, with a specialization in drug abuse. Section personnel are proactive in combating juvenile drug abuse through Departmental training activities and various community-oriented prevention programs.

1. Program Description

   The Department's Juvenile Narcotic Enforcement Program is divided into the following sections:

   a. Geographic Bureau Units - Provide 23 field enforcement officers at parks, schools, and other locations throughout the City where juvenile drug abuse is prevalent.

   b. School Investigation Buy Unit - Seventeen officers focus attention on drug dealers operating at various high schools throughout the City.

   c. Complaint Investigation Buy Unit - Ten officers conduct follow-up investigations to various clues and tips regarding juvenile drug abuse.

2. Juvenile Narcotics Division Accomplishments (1985)

   a. Arrested 1,176 adults

   b. Arrested 1,362 juveniles

3. 1986, year to date - arrested 1,844 juveniles

4. Juvenile Narcotics Division School Buy Program (since inception 1974 through 1985)

   a. 3,903 arrests

   b. $622,693.00 worth of narcotics seized

5. Future Goals

   a. Reduce drug consumption and sales among juveniles.

b. Encourage parental guidance toward suppression of juvenile drug use.

c. Direct juveniles away from the lifestyles of drug abusers.

d. Increase public awareness of juvenile drug abuse.

e. Remove drug dealers from school campuses.

f. Provide a deterrent for future drug dealers and drug users on school campuses.

g. Enhance the academic process through a drug free campus.

h. Reduce the availability of drugs to minors throughout the community.

i. Curtail drug use at problem locations throughout the community.

III. Street Sales Enforcement

A. Program Description

The Field Enforcement Section (FES) of Narcotics Division, coupled with the ongoing efforts of uniformed personnel, combats the narcotic problem in the City through:

1. Ongoing investigation and arrests of street narcotics dealers and buyers, and by being responsive to citizen complaints regarding narcotic conditions.

   a. The deployment of "street" narcotic officers in Los Angeles is equally divided among the four Bureaus, geographically located to best serve the community.

2. Training of uniformed personnel in identifying narcotics and certifying officers as narcotics experts for testifying in court.

3. The continuous interaction with divisional detective personnel in an effort to reduce repressible crimes.

4. Vigorous enforcement efforts to arrest and convict narcotic addicts.

5. The organization of mobile task forces to target those areas of the City where street sales of drugs have become blatant. The ideology behind the task force concept is that of vigorous enforcement accompanied by aggressive prosecution and public knowledge. Task force operations include the efforts of personnel from the targeted area, Metropolitan Division, special enforcement units, Narcotics Division personnel and auxiliary support units (jail, records, etc.).

6. The task force approach has had a significant impact on crime in Los Angeles by removing large numbers of heroin addicts from the streets. Heroin addiction is a major cause of crime in the community.

   a. The average heroin addict must raise $100 to $125 a day to support a demanding and unrelenting habit. An addict's physical condition will usually preclude working at a job, therefore, they turn to a career of crime. Most (65.8%) will engage in thefts, others will engage in drug dealing or a wide variety of crimes including prostitution, pimping, etc.

   b. The extensive research into addict criminal activity by Dr. John C. Ball of Temple University came to the startling conclusion that the average addict committed 248 crimes a year to support a habit.

   c. The Research Unit of the Los Angeles County Drug Treatment Clinics, Los Angeles County Health Services Department, estimates that there are 55,000 addicts in L.A. County.

7. Undercover Buy Program

   The Buy Program is concerned with enforcement efforts aimed at the street retailer who has become the most observable manifestation of narcotic traffic.

   Responsibilities and Functions:

a. Identify and arrest suspects from which buys have been made.

b. Develop informants and maintain contact with them as required by law.

c. Collect and provide information concerning:

(1) Current price, availability and type of drugs.

(2) Gang activity, other serious criminal activity.

d. Secure complaints on cases involving buys in other jurisdictions.

e. Provide undercover officers for special assignments to other divisions and to business establishments requesting assistance in solving drug problems.

f. Assist field enforcement narcotic investigators at specific locations.

IV. Major Dealer Enforcement

A. Drug Trafficking Trends That Affect the Los Angeles Area

1. Increase of Heroin and Marijuana Across the Mexican Border

There has been a substantial increase in the flow of Mexican heroin and marijuana across the border into the United States.

Mexican "black" and "brown" heroin is the most frequently encountered type of heroin in the Midwest, Southwest, and West. it is smuggled across the border in a paste-like form, in powder form, and in a gummy consistency known as "tar heroin". This latter form is increasing in popularity with users because it is uncut and its purity ranges from sixty to ninety percent. The heroin is smuggled across the border hidden in vehicles, or flown across in private aircraft. During the first nine months of 1986, seizures of heroin in Los Angeles have increased 78 percent,

or 57.04 pounds as compared to 32.09 pounds seized last year to date. The street value of heroin seized to date in Los Angeles is $61,697,859. A majority of these heroin seizures were the Mexican "tar heroin" type.

Information obtained by the Department indicates that marijuana is and will continue to be smuggled across the Mexican border. Although the primary means of smuggling was land transport, airstrips on both sides of the border also suggest that substantial quantities of marijuana are being smuggled by private aircraft. This marijuana is being smuggled into both the United States and Canada.

As of September of this year, the Los Angeles Police Department has seized 2,008 pounds of marijuana with a street value of over $3,818,230. Due to eradication efforts in Northern California, substantial portions of this 2,008 pounds may have come from across the border.

NOTE: The Los Angeles Police Department does not monitor smuggling activities at the Mexican border.

2. Shift in the Smuggling Routes for Cocaine

According to informants and interviews with arrestees, the smuggling routes of cocaine from Columbia to the United States have changed from the South Atlantic and the Caribbean to Mexico. This information has been corroborated by seizure patterns. A prime indication of this trend was 37 cocaine seizures along the Mexican border occurring between April 17, 1984, and April 17, 1986. Several federal and local law enforcement agencies netted 12,486 pounds of cocaine valued at over 3.5 billion dollars. Also, the Federal Reserve Bank has noted a major shift in massive bank deposits from the East Coast to the West Coast.

Individual LAPD and joint agency seizures of cocaine have reached unprecedented proportions. At the close of September of this year, cocaine seizures are up 376 percent (in terms of total weight) with 10,743.51 pounds having been seized

valued at over 2.1 billion dollars. During 1985, 2,565 pounds of cocaine were seized. Through September of this year the Los Angeles Police Department has seized almost twice as much cocaine as the six previous years combined.

As of September 30, 1986, the Los Angeles Police Department has seized illegal narcotics with a total estimated street value of two billion two hundred million dollars ($2,200,000,000).

The total seizures for the first nine months of 1986 represent an increase of 97 percent over the same period in 1985. During the entire year of 1985 drugs seized were valued at $1,195,000,000. This year, seizures to date are double that of 1985. During 1984, the total value of seizures was $284.381,093.

Total money seized for the nine month period of 1986 amounted to $21,188,306 an increase of 80 percent from the $11,608,655 seized through September, 1985.

Guns (both handguns and other types) seized this year to date totaled 1,823 a rise of 48 percent over last year.

B. Narcotics Division, Major Violators Section Responsibilities

1. Investigate known major drug traffickers.

2. Conduct special investigations as requested by the patrol division commanding officers.

3. Assist patrol division's efforts to obtain information which solve or assist in certain major crime investigations.

4. Use major violator information sources for input into other patrol division major crime solving efforts.

5. The Los Angeles Police Department has officers permanently assigned to the Los Angeles International Airport Task Force, a consortium also composed of the Los Angeles Sheriff's Department, Bureau of Narcotics Enforcement

and the Drug Enforcement Administration. Within that unit are two highly effective narcotic dogs, trained and maintained by the LAPD. This Task Force has a direct response to the increased international aspect of drug trafficking.

6. Clandestine Laboratory Squad

   a. This detail investigates illegal drug manufacturing laboratories and assists in handling extremely dangerous chemicals.

   b. Squad members respond to calls from other Narcotics Division field units and from patrol divisions for expert assistance at locations involving illegal drug manufacturing and/or storage of dangerous chemicals.

   c. Detectives assigned to this squad provide roll call training and in-service training at the police academy.

   d. Members exchange information with similar units from other law enforcement agencies.

   e. Maintain liaison with the hazardous chemical teams from Scientific Investigation Division and the L.A. City Fire Department.

7. Narcotic Information Network (NIN) Detail

   The collection, evaluation and dissemination of information pertaining to narcotic traffickers is a very important but often neglected element in the successful investigation, arrest and prosecution of narcotic offenders. To this end, the Narcotic Information Network of Southern California was established to coordinate narcotics investigations of five major local, state and federal agencies.

   a. Goals of Narcotic Information Network

      (1) Identify major drug traffickers in the Southern California area.

(2) Establish cooperative inter-agency narcotics enforcement and information gathering efforts.

(3) Maintain a file of "major" investigations involving each agency.

V. Smuggled Narcotics Interdiction

A. Los Angeles International Airport (LAX) Seizures and Arrests

1. $4,365,085 in U.S. currency was seized at LAX through September 1986 for a weekly average of $83,944. Drug seizures included 274 pounds of cocaine, 18 pounds of heroin and 180 pounds of marijuana. The total street value for narcotics seized at LAX through September is $96,194,785.

B. Narcotics Division's Major Violators Section is involved in combating drug smuggling:

1. The "Operation Pacific" Task Force is concerned with drug smuggling into the Los Angeles harbor area. Participating agencies include:

a. U.S. Customs

b. U.S. Coast Guard

c. Los Angeles County Sheriff's Department

d. Los Angeles Harbor Patrol

2. Air Smuggling Squad

a. Concentrates its efforts on criminals who smuggle drugs into the Los Angeles area using private aircraft.

b. The squad works with other state and federal law enforcement agencies to:

(1) Combine investigations

(2) Exchange Information

(3) Maintain liaison with area airports

(4) Provide training to LAPD officers and other agencies on air smuggling profile.

C. Asset Forfeiture

1. Seized Assets

The LAPD Asset Forfeiture Unit, within Narcotics Division, has filed 296 cases on seized assets between 1984 and 1986 of which 208 are now pending. Of these cases 193 are federal and number as follows:

a. 21 cases for 1984;

b. 78 cases for 1985; and

c. 94 of the cases are for 1986.

The Unit has seized a total of $38,755,141. There have been considerable delays in the distribution of seized assets to the Department under the Federal Forfeiture Law. The Department has received $1,715,682 in forfeited assets that was placed in its Forfeited Asset Trust Fund. Of this amount $1.4 million was awarded to the Department in April, 1985.

The Department has submitted requests to the Federal Government for approximately $18.9 million of the total assets that were seized either through joint agency investigations or individual investigations by the Department. Speeding up the distribution of asset monies to the Department will enhance narcotic investigations.

The Department has also requested from the U. S. Government seized vehicles and/or airplanes. Through September, 1986 only four vehicles were awarded to the LAPD.

Thirty-nine vehicles and three airplanes are currently undergoing state, FBI and DEA forfeiture proceedings and are stored pending the successful outcome of their respective case. All vehicles undergoing Federal forfeitures are expected to be remanded to the Department once forfeited. Vehicles undergoing state forfeiture proceedings will be auctioned upon forfeiture as directed by state forfeiture guidelines.

D. Federal Agency Interaction

Narcotics Division (ND) investigators have been working with agents from DEA and the FBI on major narcotics cases and asset forfeitures. The Department and the federal agencies have been quite successful in numerous narcotics cases due to the sharing of suspect information and narcotics trafficking intelligence. A few of the major narcotics trafficking cases investigated jointly by the Los Angeles Police Department and feceral agencies are:

On December 12, 1985, ND detectives, DEA agents and Long Beach Police Department officers set up an undercover buy for 10 kilos of cocaine. Upon completion of the transaction, the arrestee was seized with 13,737 grams of cocaine with a street value of $8,585,625.

Investigation by the ND Lab Squad, DEA agents, Bakersfield Police Department and Kern County Sheriffs netted a major manufacturer of methamphetamines. The investigation which began in November 1985 ended on January 1, 1986, when detectives recovered 160 pounds of methamphetamine valued at $7,264,000, 87 handguns and shotguns, four vehicles, one boat, two swiss bank accounts and $62,606 in cash.

On March 3, 1986, ND detectives and DEA agents assisted by Irvine Police Department, served search warrants on two locations and recovered 582 grams of Mexican Brown Heroin, 56.339 grams of cocaine, $670,000 in currency, lab equipment and four firearms. The street value of the heroin was $465,000 and the cocaine was $35,211,875.

On April 4, 1986, five search warrants were served by ND detectives and DEA agents in Orange County resulting in the largest seizure of narcotics in the history of California. 1,764 pounds of cocaine, valued at approximately one-half billion dollars and $730,000 in cash were recovered.

On April 9, 1986, after extensive surveillance and the serving of search warrants, ND detectives in cooperation with the DEA, FBI and Simi Police Department, recovered 171 kilos of cocaine, two million in currency, six firearms, five vehicles and the arrest of four suspects. The street value of the cocaine was $106,875,000.

On April 17, 1986, after a 3-day surveillance of drug trafficking suspects, ND detectives and DEA agents served search warrants at two locations. Seized was 140 pounds of cocaine, valued at $39,725,000 and $159,276 in cash was recovered. A subsequent search warrant at one of the suspect's residences netted $1,460,320 hidden in duffel bags.

On June 2, 1986, ND detectives in conjunction with the DEA, Glendale Police Department, South Gate Police Department and Montclair Police Department recovered 812 pounds of cocaine during the execution of search warrants at seven locations. In addition to $271,800 in cash recovered, 17 suspects were booked. The street value of the cocaine was $230,450,000.

On July 28, 1986, while serving search warrants in San Dimas, ND detectives and DEA agents recovered 1,042 pounds of cocaine and $628,000 in cash. The street value of the cocaine was $177,400,500.

On July 31, 1986, while serving a search warrant in Tarzana, ND detectives and DEA agents recovered two kilos of cocaine and $500,000 in cash. The street value of the cocaine was $750,000.

On August 25, 1986, while serving search warrants in Fullerton, ND detectives and DEA agents recovered 1,220.4 grams of cocaine and $145,020 in cash. The street value of the cocaine was $457,650.

On September 30, 1986, while serving search warrants in Huntington Beach, ND detectives and DEA agents recovered 467 pounds of cocaine and $526,500 in cash. The street value of the cocaine was $79,506,750.

On October 14, 1986, while serving a search warrant in Van Nuys, ND detectives and DEA agents recovered 131 kilos of cocaine and $189,250 in cash. The street value of the cocaine was $4,912,500.

The Los Angeles Police Department will continue to encourage closer working relationships among federal, state and local law enforcement agencies, utilizing individual expertise to achieve the common goal of arresting and convicting major drug purveyors.

VI. Legislation

A. New Legislation Proposals

1. The Chief of Police strongly supports new narcotics legislation which would accomplish the following:

Increase penalties for those who traffic in large amounts of drugs and those who have prior convictions for specified controlled substances violations.

Restrict granting of probation or suspension of sentence imposition for persons convicted of specified controlled substance violations.

Expand existing laws regarding location fortification to sell cocaine, heroin or PCP to include location fortified to further the sale, storage or manufacture of amphetamine, methamphetamine or LSD.

Increase jail terms for persons convicted of being under the influence of specified narcotics or dangerous drugs.

Enable the Department to use either state or federal provisions in forfeiture proceedings and provide more workable and efficient forfeiture guidelines.

Provide reimbursement to state and local law enforcement agencies for costs incurred in investigations which substantially contribute to the recovery of federal taxes. Law enforcement personnel are often in a position to identify suspected drug dealers who generate tremendous income but avoid paying taxes. Acquiring financial information is a complex and costly undertaking.

2. Needed Regulations

Currently legislation is being sought which will regulate the sale of chemicals used in drug laboratories which manufacture controlled substances. The Department believes prosecuting suppliers will deter sales by those who know what

the chemicals are being used for. Most of the illegal drug manufacturing cases investigated by LAPD have the same two or three supply houses.

The Department must continue to support wiretap legislation. Legislators must be made aware of the dire need for this long overdue tool at the local levels, especially in view of the many budgetary constraints placed upon the Department. The use of wiretaps to expedite major narcotics investigations will be extremely cost effective.

VII. Technology

A. The Problems

1. The increased availability of low-cost electronic devices such as programmable "scanners", bugging and anti-bugging devices, cellular telephones, and portable radios, both regular and voice-privacy, have made their use by the opposition so extensive that it has become virtually impossible to conduct a field surveillance or undercover by unmonitored.

2. Narcotics statistics on arrests, seizures, warrants, money seized, guns recovered and suspect filing rates are compiled in an archaic manner. Retrieval of the information is painfully slow. This adversely impacts management personnel who often need statistical information to support operations.

B. Solution

1. Narcotics Division has implemented a computer that brings the electronic age to statistical data retrieval. The areas that are being computerized are as follows:

a. A Narcotic Information Network (NIN)

The implementation of the Narcotics Division computer reference source to place histories of major narcotic violators will provide easily retrievable information for members of NIN. The electronic file will include recidivistic tendencies of drug dealers, tracking of suspects and associates, and tracking of prosecutions. The computer will provide trends and allow a narcotics analyst

to identify areas that require investigation. Separate but associated investigation can be linked together.

2. The Department has automated the arrest information process in its use of the Police Arrest and Crime Management Information System (PACMIS). A computer generated printout will be provided monthly to give monthly and yearly accumulative statistics totals, city-wide and by entity. This will provide accurate, easily retrievable, narcotic informatin that management can depend upon for daily management decisions.

3. The Department has obtained the curry-cutting bar and v-100 (converted armored personnel carrier) rescue vehicle that, with the assistance of Metropolitan Division personnel, facilitates entry into fortified structures. The vehicle has been used to gain entry into "rock" houses (narcotics locations where suspects have used brick walls, steel doors, and barred windows to prevent police access). The use of the vehicle has prevented injuries to suspects and police personnel by allowing immediate entry in barricade situations. Other hi-tech methods currently being used, and improved upon where possible, include:

   * Treated money.

   * Dogs (sniffing out narcotics).

   * Night viewing devices.

   * Voice-privacy radios.

C. Future Goals and Needs

1. Upgrading our current narcotic radio repeater system.

2. Replacement of obsolete intelligence kits with state-of-the-art kits incapable of detection by "buy" detectors.

3. Acquisition of monitoring equipment.

4. Use of the triangulation method of locating aircraft (EPIC).

5. Acquisition and use of computers.

6. Development of electronic devices that can "sniff" out narcotics.

7. Development of a socially accepted, reliable test to detect drug use.

SUMMARY

Drug abuse is possibly the most pressing problem this nation faces. It costs industries billions of dollars in sick time, low productivity and in the worst cases on-the-job accidents. Neighborhoods are being ruined by blatant narcotic sales, use and the crime that accompanies this activity. Drugs have invaded our schools and disrupted the educational process. This is a national problem that requires a strong response from the Federal Government.

As this report has outlined the Los Angeles Police Department has launched a broad based attack against the narcotic problem in the form of our "full spectrum" program. We have had notable success. Seizures of money and drugs are at an all time high, the DARE program is expanding and reaching more children with the message "Say no to Drugs". Even with these successes our efforts are doomed without assistance from the Federal Government. The problem is worldwide and our nation must lead the way with international initiatives to eradicate the production of and trafficking in illegal drugs wherever it occurs. The effort to interdict the flow of narcotics must be expanded. We cannot put pressure in one area just to see the smuggling routes change to other locales, the effort has to be nationwide. Our borders must be better patrolled. Manpower and technology must be provided to stop the influx of illegal drugs across our borders. Finally, the DARE Program must be expanded nationwide. Reaching our children and teaching new attitudes toward drugs is the ultimate, long term solution to this problem.

Finally, it must be understood there is no quick fix to the problem. The recently signed anti-drug bill is a step in the right direction, but the fight will be long and difficult. The programs recommended in this report must be put in place now and must be continued for at least ten to fifteen years. The resolve to fight this epidemic can not fade as the problem fades from media attention.

LAPD NARCOTICS SEIZURES

	SEPTEMBER 1986 YTD		SEPTEMBER 1985 YTD		PERCENT INCREASE	
	WEIGHT	STREET VALUE	WEIGHT	STREET VALUE	WEIGHT	STREET VALUE
HEROIN	57.04 Lbs.	61,697,859	32.09 Lbs.	24,425,987	+78%	+153%
COCAINE	10,743.51 Lbs.	2,100,839,331	2,257.48 Lbs.	679,837,702	+376%	+209%
MARIJUANA	2,007.56 Lbs.	3,818,230	30,261.29 Lbs.	49,725,947	-93%	-92%
PCP	79,683.63 Sh.	12,453,562	8,234,111.13 Sh.	37,167,814	-99%	-66%
AMPHETAMINE	49,472.32 U.	301,773	50,320.29 U.	390,516	-2%	-23%
OTHERS		8,484,133		316,657,362		-97%
TOTAL		2,187,594,888		1,108,205,328		+97%

LAPD NARCOTICS ARRESTS

NARCOTIC TYPE	SEPTEMBER 1986	SEPTEMBER 1985	% INCREASE
HEROIN	6,387	6,095	+5%
COCAINE	9,751	4,510	+116%
MARIJUANA	7,608	8,812	-14%
PCP	2,196	2,450	+10%
LSD, AMPH., BARB.	389	433	-10%
OTHERS	3,748	2,593	+45%
TOTAL	30,079	24,893	+21%

LOS ANGELES POLICE
DEPARTMENT-WIDE NARCOTICS SEIZURES (BY WEIGHT)

	1985	1984	1983	1982	1981	1980
HEROIN (lbs.)	40.69	43.60	32.10	27.40	39.32	63.26
COCAINE (lbs.)	2,565.86	758.10	881.30	358.90	356.07	183.32
PCP (sh)	8,253,471.00	1,389,172.00	2,547,151.00	16,284,672.00 u	47,323,352.00 u	41,645,785.00 u
MARIJUANA (lbs.)	32,421.51	3,222.34	2,296.70	19,346.00	40,623.20	48,603.63

DEPARTMENT-WIDE NARCOTICS SEIZURES (BY STREET VALUE)

	1985	1984	1983	1982	1981	1980
HEROIN	$ 29,147,207.	$ 32,834,007.	$ 16,466,100.	$ 9,831,465.	$ 5,076,364.	$ 13,773,473.
COCAINE	$ 754,501,029.	$206,316,452.	$221,957,703.	$ 65,080,068.	$ 59,791,950.	$ 31,720,219.
PCP	$ 38,826,199.	$ 37,527,107.	$ 76,414,667.	$ 32,569,344.	$ 74,685,086.	$ 89,527,720.
MARIJUANA	$ 53,081,896.	$ 5,390,994.	$ 2,832,668.	$ 39,896,158.	$ 79,985,731.	$101,782,021.
OTHERS	$ 319,693,351.	$ 2,312,533.	$ 7,507,485.	$ 9,186,153.	$ 8,236,273.	$ 5,760,442.
TOTAL	$1,195,249,682.	$284,381,093.	$325,178,623.	$156,563,188.	$227,775,404.	$242,563,875.

SOURCE: NARCOTICS DIVISION

YEAR	NUMBER OF ARRESTS
1985	42,209
1984	36,527
1983	31,581
1982	26,966
1981	24,662
1980	24,516

SOURCE: AID STATISTICAL DIGEST

PRESENTATION BY: MS. RITA WALTERS, PRESIDENT
LOS ANCELES CITY BOARD OF EDUCATION

PRESENTED TO: U.S. HOUSE OF REPRESENTATIVES
SELECT COMMITTEE ON NARCOTICS ABUSE
AND CONTROL
REGIONAL HEARING
LOS ANGELES, CALIFORNIA

DATE: OCTOBER 31, 1986

CONGRESSMAN RANGEL AND MEMBERS OF THE COMMITTEE, I AM RITA WALTERS, PRESIDENT OF THE LOS ANGELES UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION. MAY I THANK YOU FOR THIS INVITATION TO APPEAR BEFORE YOU TO PRESENT TESTIMONY TO THE SUBCOMMITTEE ON DRUG ABUSE EDUCATION PROGRAMS IN LOS ANGELES.

MOST OF US ARE VERY AWARE OF THE CONSEQUENCES RELATED TO SUBSTANCE ABUSE IN OUR COMMUNITIES. OF PARTICULAR CONCERN, IS THE EFFECT THIS HAS ON OUR YOUNG PEOPLE. THE MISUSE OF DRUGS NOT ONLY AFFECTS THE USER, BUT HAS ITS IMPACT ON EVERY MEMBER OF THE FAMILY WHO IS IN CONTACT WITH THE INDIVIDUAL. WE KNOW THAT YOUNGSTERS WHO USE NARCOTICS ARE SERIOUSLY AT RISK REGARDING THEIR ABILITIES TO GAIN AN EDUCATION AND FULLY PARTICIPATE IN ALL OF THE ACTIVITIES OF SCHOOLING AND COMMUNITY LIFE IN A POSITIVE MANNER. HOWEVER, PICTURE THE KINDERGARTEN AGED YOUNGSTER AND THOSE FURTHER ALONG IN THE EDUCATIONAL PROCESS WHO MUST SOMEHOW SURVIVE IN AN ENVIRONMENT WHICH IS AFFECTED BY A USER IN THE FAMILY.

MANY COMMUNITY BASED AGENCIES AND PRIVATE ORGANIZATIONS ARE MAKING A DILIGENT EFFORT TO ADDRESS THIS ISSUE. THE LOS ANGELES UNIFIED SCHOOL DISTRICT ALSO HAS SIGNIFICANT INVOLVEMENT IN SEEKING SOLUTIONS TO SUBSTANCE ABUSE. I WOULD LIKE TO TAKE THIS OPPORTUNITY TO FIRST RESPOND TO YOUR QUESTIONS AND THEN TO SHARE WITH YOU SOME OF OUR PROGRAMS WHICH WERE DESIGNED TO COMBAT THIS PROBLEM. THE COMMITTEE SPECIFICALLY ASKED QUESTIONS RELATED TO THE NATURE AND EXTENT OF DRUG ABUSE AMONG SCHOOL-AGED CHILDREN IN LOS ANGELES. THESE QUESTIONS WITH RESPONSES ARE:

- <u>WHAT DRUGS ARE MOST FREQUENTLY ABUSED?</u>

  MARIJUANA APPEARS TO BE THE MOST ABUSED NARCOTIC ON OUR CAMPUSES. THIS OPINION IS BASED ON DATA WHICH INDICATES THAT APPROXIMATELY 70 PERCENT OF THE ARRESTS MADE IN THE SCHOOL YEAR 1985-86 BY OUR SCHOOL POLICE WERE FOR POSSESSION OF MARIJUANA.

- <u>HOW EXTENSIVE IS DRUG ABUSE?</u>

  ALL CAMPUSES ARE AFFECTED TO SOME EXTENT BY THE DRUG ABUSE PROBLEM WHICH EXISTS IN THE COMMUNITY. THIS PROBLEM APPEARS TO CROSS ALL SOCIO-ECONOMIC LINES AND IS NOT RESTRICTED TO ANY CERTAIN GEOGRAPHIC AREA.

- IS DRUG ABUSE INCREASING OR DECREASING IN LOS ANGELES SCHOOLS?

  INFORMATION INDICATES THAT OVER 700 DRUG RELATED ARRESTS WERE MADE DURING THE 1985-86 SCHOOL YEAR. THIS REPRESENTS A DECREASE OF 12 PERCENT OVER THE PREVIOUS YEAR. ADDITIONALLY, IT APPEARS THAT THERE IS A DECREASE IN THE AVAILABILITY OF NARCOTICS ON CAMPUS WHEN COMPARED WITH DATA FROM PREVIOUS YEARS.

- WHAT ARE THE DRUG USE TRENDS AMONG SCHOOL CHILDREN?

  THE DATA AVAILABLE IN OUR SCHOOL POLICE SECTION REFLECTS AN OVERALL DOWNWARD TREND IN CAMPUS RELATED NARCOTIC INCIDENTS; HOWEVER, OF PARTICULAR CONCERN IS THE INCREASE IN THE USE OF COCAINE BY SOME HIGH SCHOOL STUDENTS.

THE COMMITTE ALSO EXPRESSED A DESIRE TO REVIEW LOCAL DRUG ABUSE INSTRUCTIONAL PROGRAMS AND TO RECEIVE INFORMATION REGARDING THE EFFECTIVENESS AND ADEQUACY OF SCHOOL-BASED DRUG ABUSE CURRICULA. THE LOS ANGELES UNIFIED SCHOOL DISTRICT CURRENTLY HAS IN PLACE THE FOLLOWING ANTI-DRUG ABUSE PROGRAMS:

- PROJECT SMART (COOPERATIVE RESEARCH PROJECT WITH UNIVERSITY OF SOUTHERN CALIFORNIA

  THE DISTRICT HAS BEEN PARTICIPATING IN THE HEALTH BEHAVIOR RESEARCH INSTITUTE, U.S.C., IN THE CONDUCT OF A FEDERALLY-FUNDED MULTIPLE SUBSTANCE ABUSE

PREVENTION PROGRAM. FUNDING FOR THIS RESEARCH PROJECT WAS PROVIDED THROUGH THE NATIONAL INSTITUTE OF DRUG ABUSE.

THE MAJOR PURPOSE OF THIS MULTIPLE SUBSTANCE PREVENTION PROGRAM IS TO REDUCE THE INCIDENCE OF HABITUAL CIGARETTE SMOKING AND OF ALCOHOL AND MARIJUANA ABUSE AMONG STUDENTS IN GRADES 6, 7, 8, AND 9. THIS IS BEING ACCOMPLISHED THROUGH THE DEVELOPMENT, PILOT-TESTING, IMPLEMENTING, AND EVALUATION OF CURRICULUM STRATEGIES AND TEACHER RESOURCE UNITS FOR THESE RESPECTIVE GRADES. THE ONGOING EVALUATION, WHICH BEGAN IN 1982-83 WITH 6TH AND 7TH GRADE STUDENTS, WILL BE COMPLETED DURING THE 1986-87 SCHOOL YEAR. PRELIMINARY FINDINGS REPORTED BY U.S.C.'S HEALTH BEHAVIOR RESEARCH INSTITUTE INDICATE THAT TEACHING PEER PRESSURE RESISTANCE SKILLS CAN BE EFFECTIVE IN PREVENTING SUBSTANCE ABUSE BY ADOLESCENTS. AMONG THOSE STUDENTS WHO RECEIVE PROJECT SMART'S RESISTANCE TRAINING COMPONENT, THE INCREASE IN SUBSTANCE ABUSE BETWEEN GRADES 7 AND 8 WAS ONLY HALF AS HIGH AS AMONG STUDENTS WHO DID NOT RECEIVE THE RESISTANCE TRAINING.

THIS PRIMARY PREVENTION PROGRAM FOCUSES ON THE SHORT TERM RATHER THAN THE HEALTH CONSEQUENCES OF SUBSTANCE ABUSE BEHAVIOR. CLASSROOM INSTRUCTION TEACHES SELF-

MANAGEMENT AND RESISTANCE TRAINING SKILLS IN RELATION TO SUBSTANCE ABUSE PREVENTION. THE PROGRAM COMPONENTS INCLUDE TEACHER TRAINING, PEER FACILITATOR TRAINING, CLASSROOM PRESENTATIONS BY U.S.C. STAFF HEALTH EDUCATORS, AND FOLLOW-UP STRATEGIES TO BE IMPLEMENTED BY THE CLASSROOM TEACHER. DURING THE 12-15 CLASS SESSIONS, THERE IS SIGNIFICANT INVOLVEMENT BY THE TRAINED PEER FACILITATORS WHO WERE CHOSEN BY THEIR CLASSMATES TO LEAD THE SMALL GROUP DISCUSSIONS THAT ARE AN INTEGRAL PART OF THE CURRICULAR ACTIVITIES.

PROJECT DARE (COOPERATIVE PROGRAM WITH THE LOS ANGELES POLICE DEPARTMENT)

SINCE SEPTEMBER OF 1983, THE LOS ANGELES SCHOOL DISTRICT HAS BEEN PARTICIPATING IN A COOPERATIVE VENTURE WITH THE LOS ANGELES POLICE DEPARTMENT TO IMPLEMENT PROJECT DARE IN ELEMENTARY AND JUNIOR HIGH SCHOOLS. PROJECT DARE IS A SUBSTANCE ABUSE PREVENTION PROGRAM THAT EMPHASIZES THE TEACHING OF BEHAVIORAL SKILLS TO HELP STUDENTS RECOGNIZE AND RESIST THE PRESSURES THAT INFLUENCE THEM TO EXPERIMENT WITH DRUGS AND ALCOHOL. THE CURRICULUM IS PRESENTED BY UNIFORMED POLICE OFFICERS WHO HAVE RECEIVED INTENSIVE TRAINING IN PREPARATION FOR TEACHING THE DARE PROGRAM IN THE SCHOOLS. THE THRUST OF THE PROJECT IS TO DEVELOP AND VALIDATE A MODEL PRIMARY PREVENTION PROGRAM CONSISTING OF THE

FOLLOWING COMPONENTS: A PREVENTION PROGRAM FOR THE ELEMENTARY SCHOOL (KINDERGARTEN THROUGH GRADE 6), A PREVENTION/EARLY INTERVENTION PROGRAM FOR THE JUNIOR HIGH, AND A PARENT-COMMUNITY AWARENESS PROGRAM. TO DATE, 47,000 STUDENTS IN 347 ELEMENTARY SCHOOLS AND 58 JUNIOR HIGH SCHOOLS HAVE RECEIVED THE FULL 17-WEEK PROGRAM PROVIDED BY 52 OFFICERS ROTATING FULL-TIME TO THESE SCHOOLS. THE EVALUATION REPORTS PREPARED BY THE EVALUATION AND TRAINING INSTITUTE (ETI) INDICATE CONTINUED WIDESPREAD SUPPORT FOR THE DARE PROGRAM. A FIVE-YEAR LONGITUDINAL STUDY TO VALIDATE THE PROJECT HAS BEEN INITIATED AT THE REQUEST OF THE LOS ANGELES POLICE COMMISSION.

SHERIFFS/TEACHERS SMART (COOPERATIVE PROGRAM WITH LOS ANGELES COUNTY SHERIFFS AND U.S.C.)

BEGINNING IN NOVEMBER OF 1986, THE DISTRICT WILL PARTICIPATE WITH THE LOS ANGELES SHERIFF'S DEPARTMENT AND THE U.S.C. HEALTH BEHAVIOR RESEARCH INSTITUTE TO OFFER A SUBSTANCE ABUSE PREVENTION PROGRAM TO THE 48 SCHOOLS WITHIN THE UNINCORPORATED AREAS SERVED BY THE LOS ANGELES SHERIFF'S DEPARTMENT. THE PROGRAM IS BASED ON PROJECT SMART AND ADAPTED FOR USE AT THE UPPER ELEMENTARY LEVEL (GRADE 5 OR 6). THE 12-LESSON CURRICULUM EMPHASIZES SOCIAL RESISTANCE AND OTHER DRUG AVOIDANCE SKILLS. THE PROGRAM WILL BE TAUGHT BY

REGULAR TEACHERS; HOWEVER, 6 OF THE LESSONS WILL BE PRESENTED BY TRAINED SHERIFF'S DEPUTIES. DEPUTIES ALSO WILL PROVIDE PARENT EDUCATION ON DRUGS AND SUBSTANCE ABUSE PREVENTION THROUGH P.T.A.'S, NEIGHBORHOOD WATCH MEETINGS, CIVIC AND SERVICE ORGANIZATIONS, CHURCHES, AND LOCAL ANTI-DRUG GROUPS. TEACHER TRAINING AND SUPPORT SERVICES ARE BEING PROVIDED BY U.S.C.

- PROJECT IMPACT

PROJECT IMPACT IS A MODEL SCHOOL-BASED DRUG ABUSE PREVENTION/INTERVENTION PROGRAM THAT IS BEING PILOTED IN 7 SELECTED SENIOR HIGH SCHOOLS IN THE DISTRICT. THE PROGRAM CONCEPT WAS DESIGNED BY THE COMPREHENSIVE CARE UNIT HOSPITALS TO ASSIST SCHOOLS IN OFFERING POSITIVE WAYS TO DEAL WITH PROBLEMS ASSOCIATED WITH DRUG AND ALCOHOL ABUSE THAT INCLUDE:

. ALTERNATIVES TO SUSPENSION AND TRANSFER OF STUDENTS WHO ARE APPREHENDED FOR POSSESSION OR USE OF DRUGS AND/OR ALCOHOL;
. EDUCATIONAL PROGRAMS FOCUSING ON PREVENTIVE APPROACHES TO THE PROBLEM OF TEENAGE DRUG AND ALCOHOL ABUSE;
. PROGRAMS TO EDUCATE PARENTS, FACULTY, STAFF, AND COMMUNITY MEMBERS ABOUT TEENAGE DRUG/ ALCOHOL ABUSE AND PARENT/STUDENT COMMUNICATION;

- A REFERRAL PROGRAM FOR ASSESSMENT OF STUDENTS AND FAMILIES;
- ON-SITE CONSULTATION BY COMPCARE LIFESTYLE CENTER STAFF AND COMMUNITY AGENCY RESOURCES.

PROGRESS REPORTS FROM EACH OF THE PILOT SCHOOLS ARE MONITORED IN ORDER TO PROVIDE ASSISTANCE AND TO ASSESS THE EFFECTIVENESS OF PROGRAM IMPLEMENTATION. IN SEPTEMBER 1986, ADDITIONAL FUNDS WERE ALLOCATED BY THE BOARD OF EDUCATION TO INCREASE THE NUMBER OF IMPACT SCHOOLS TO 14.

IN THE FORMAL K-12 INSTRUCTIONAL PROGRAM FOR HEALTH, DRUG ABUSE CONSISTS LARGELY OF HELPING STUDENTS UNDERSTAND THE VALUES OF NONFOODS, SUCH AS DRUGS, MEDICINES, AND HOUSEHOLD CHEMICALS. STUDENTS ARE ALSO MADE AWARE THAT ALL NONFOOD SUBSTANCES MAY BE HARMFUL, IF USED IMPROPERLY; TO UNDERSTAND WHY CHILDREN MUST NEVER TAKE ANYTHING FROM THE MEDICINE CABINET OR OTHER STORAGE PLACES BY THEMSELVES, AND TO UNDERSTAND WHY THEY MUST NEVER ACCEPT ANYTHING FROM STRANGERS.

IN THE MIDDLE AND UPPER ELEMENTARY GRADES, SUBSTANCE ABUSE PREVENTION ACTIVITIES ARE DIRECTED TOWARD STRATEGIES THAT FOCUS ON FEELINGS RELATING TO SELF-ESTEEM, DECISION MAKING AND PROBLEM SOLVING SKILLS AND POSITIVE ALTERNATIVE ACTIVITIES TO DRUG ABUSE. SUCH STRATEGIES ARE DESIGNED TO HELP PUPILS

RESIST PEER PRESSURE -- "HOW TO SAY NO" TO FRIENDS OR GROUPS OF FRIENDS WHEN OFFERED DRUGS. THE DRUG EDUCATION CURRICULUM IS INCLUDED IN THE DISTRICT COURSE OF STUDY . ENTITLED ELEMENTARY SCHOOL CURRICULUM: A BALANCED PROGRAM, PUB. NO. X-107.

INSTRUCTION IN JUNIOR AND SENIOR HIGH SCHOOLS CONCERNING THE EFFECTS OF TOBACCO, ALCOHOL, NARCOTICS, DANGEROUS DRUGS, AND OTHER DANGEROUS SUBSTANCES IS MANDATED BY THE CALIFORNIA EDUCATION CODE. THIS PROGRAM INVOLVES THE TEACHING OF COMPREHENSIVE UNITS IN THE REQUIRED HEALTH COURSES AT BOTH LEVELS. WHEN APPROPRIATE, INSTRUCTION IS ALSO OFFERED IN OTHER SUBJECT AREAS, INCLUDING SOCIAL STUDIES, DRIVER EDUCATION, GUIDANCE, SCIENCE, AND LANGUAGE ARTS. IN ADDITION, SCHOOL-WIDE PROGRAMS AND CAMPAIGNS TO INCREASE STUDENT AWARENESS OF DRUG ABUSE PROBLEMS ARE CONDUCTED THROUGHOUT THE YEAR.

IN THE REQUIRED HEALTH EDUCATION COURSES AT GRADE 7 AND 10, THREE TO FOUR WEEKS ARE DEVOTED TO THE TEACHING OF UNITS ON DRUG EDUCATION, INCLUDING THE EFFECTS OF USING MARIJUANA, ALCOHOL, TOBACCO AND OTHER DANGEROUS SUBSTANCES. TEACHING STRATEGIES FOCUS ON PROBLEM SOLVING APPROACHES IN WHICH DECISION MAKING AND THE EXPLORATION OF ALTERNATIVES ARE STRESSED. TEXTBOOKS, FILMS, AND OTHER INSTRUCTIONAL MEDIA AS WELL AS RESOURCE SPEAKERS ARE ALSO UTILIZED.

IN ADDITION TO FORMAL CLASSROOM INSTRUCTION, THE DISTRICT PARTICIPATES WITH COMMUNITY AND PUBLIC/PRIVATE AGENCIES IN THE CONDUCT OF SPECIAL AWARENESS CAMPAIGNS TO ALERT STUDENTS, SCHOOL STAFFS, AND PARENTS THROUGHOUT THE DISTRICT OF THE SERIOUS PROBLEMS ASSOCIATED WITH THE ABUSE OF ALCOHOL AND OTHER DRUGS.

- DURING THE MONTH OF MAY, ALL SCHOOLS OF THE DISTRICT PARTICIPATE IN THE OBSERVANCE OF DRUG AND ALCOHOL AWARENESS MONTH. SCHOOL ACTIVITIES INCLUDE:
  - . SPECIAL PUBLIC ADDRESS SYSTEM AND SCHOOL BULLETIN ANNOUNCEMENTS;
  - . DISCUSSION OF DRUG RELATED PROBLEMS UTILIZING GUEST SPEAKERS FROM THE LOS ANGELES COUNTY DRUG ABUSE PROGRAMS AND LAW ENFORCEMENT;
  - . POSTER DISPLAYS AND OTHER MATERIALS PREPARED BY THE STUDENTS;
  - . HEALTH FAIRS AND NOON HOUR PROGRAMS.
- DURING THE MONTH OF NOVEMBER, SCHOOLS PARTICIPATE IN THE "GREAT AMERICAN SMOKE OUT," AN AMERICAN CANCER SOCIETY SMOKING PREVENTION CAMPAIGN.

THESE REPRESENT THE MAJOR PROCESSES THAT ARE IN PLACE WITHIN THE DISTRICT. THE COMMITTEE ASKED FOR A RESPONSE TO WHAT MIGHT THE FEDERAL GOVERNMENT DO TO PROVIDE ASSISTANCE WITH DRUG ABUSE PREVENTION EDUCATION. THERE IS A NEED FOR THE

FEDERAL GOVERNMENT TO PROVIDE SCHOOL-BASED RESOURCES TO SUPPORT THE IMPLEMENTATION OF PREVENTION/INTERVENTION PROGRAMS BEGINNING IN THE ELEMENTARY GRADES AND EXTENDING THROUGH THE JUNIOR AND SENIOR HIGH SCHOOLS. A FUNDING ALLOCATION BASED ON A PER PUPIL COST SHOULD BE PROVIDED DIRECTLY TO SCHOOL DISTRICTS SO THAT SCHOOL STAFFS CAN SYSTEMATICALLY IDENTIFY AND BEGIN TO PROVIDE, IN COOPERATION WITH APPROPRIATE COMMUNITY AGENCIES, NEEDED PREVENTION AND EARLY INTERVENTION PROGRAMS AND SERVICES TO COMBAT THIS CONTINUING EPIDEMIC. A LIST OF NEEDS WOULD BE:

- TEACHER TRAINING AND AWARENESS PROGRAMS AT ALL EDUCATIONAL LEVELS;
- EFFECTIVE PARENT EDUCATION PROGRAMS THAT REACH OUT TO COMMUNICATE WITH PARENTS;
- A SCHOOL-BASED IDENTIFICATION AND REFERRAL SYSTEM WHICH PROVIDES CONSULTATION AND ASSISTANCE TO STUDENTS AND THEIR FAMILIES AT THE JUNIOR AND SENIOR HIGH SCHOOL LEVELS;
- ADDITIONAL COUNSELOR TIME TO BE PROVIDED AT ALL EDUCATIONAL LEVELS SO THAT STUDENT ASSISTANCE AND REFERRAL SERVICES ARE AVAILABLE AS VIABLE PREVENTION STRATEGIES.

CONGRESSMAN RANGEL AND MEMBERS OF THE COMMITTEE, AGAIN MAY I THANK YOU FOR INVITING ME TO PARTICIPATE IN THIS WORTHWHILE PROCESS. WHILE THERE CONTINUES TO BE A GREAT

NEED FOR A NATIONAL INVOLVEMENT IN DRUG ABUSE PREVENTION, I AM ENCOURAGED BY THE FACT THAT YOUR COMMITTEE IS TAKING THE TIME AND PROVIDING THE LEADERSHIP TO INVOLVE LOCAL COMMUNITIES.

I STAND COMMITTED TO PRESS FORWARD WITH PREVENTION EFFORTS AND EAGERLY AWAIT THE RESULTS OF THIS HEARING.

THIS COMPLETES MY PRESENTATION. I SHALL BE PLEASED TO RESPOND TO ANY QUESTIONS YOU MAY HAVE.

PROJECT IMPACT UPDATE

You spot that student whose behavior is markedly changed. The one who used to be full of life, but is now lifeless and sullen. Yesterday you wondered if that was alcohol on his/her breath after brunch.
THINK: IMPACT

What is Impact?

Impact is a teenage substance abuse awareness program for L.A.U.S.D. Quite simply, we attempt to address the problem of substance abuse in a different way.

Who's Impact?

Impact is a group of staff members and parents who took part in a training seminar designed to increase awareness and to implement a prevention/education/intervention action plan at V.N.H.S. Impact is also professionals from the community who volunteer their services to our students.

What Does Impact Need From You?

Or why have you put all this paper in my mailbox? Impact needs your cooperation and support. You can refer that above student to a member of the Impact Core Team by filling out the attached pink form. Send the pink form to George Engbrecht, Ted Seydel, Sandy Glazer, Roland Neundorf, or Leah Orlin. More pink forms are on file in the Main Office.

What Else?

Please take the time to read the VNHS policy related to substance abuse (attached).

What Can Impact Do For You?

Impact can send you a speaker on "Teenage Stress: Coping with and Respecting It", Alcoholism or Chemical Abuse, or we can lend you a film on alcoholism ... "Soft Is The Heart of a Child".

Van Nuys High School

VAN NUYS HIGH SCHOOL

CONFIDENTIAL REFERRAL TO CORE TEAM

This form is designed to assist staff members in communicating with the school Core Team. If you determine a student exhibiting some of the behaviors listed below, it may be an indication that the student has a problem with substance abuse. Please note only Actual, Observed behavior of the student being referred to the Core Team.

STUDENT_____ DATE_____

GRADE_____ PERSON REFERRING_____

Check appropriate responses:

A. Grades

____Grades Dropping
____Falling behind in class
____Apathetic about assignments, etc.

B. School Attendance

____Increasingly Absent
____Truant or suspended
____Excessive tardiness
____Frequent office visits
____Increasing non-involvement

C. Physical Symptoms

____Smells of alcohol or pot
____Glassy, bloodshot eyes
____Poor Hygiene
____Sleeping in class
____Slurred Speech
____Poor coordination
____Hyperactivity, nervousness

D. Disruptive behavior

____Breaks rules regularly
____Blames others for problems
____Fights and/or argues often
____Sudden verbal outbursts
____Sullen, withdrawn attitude
____Cries often
____Denies own behavior
____Talks often of drugs, drinking
____Sudden change in circle of friends
____Runs away from home, school
____Dramatic behavior changes

COMMENTS: Please write additional comments on reverse side of this form.

Thank you.

VAN NUYS HIGH SCHOOL

Policy Statement Related to Substance Abuse

In accordance with the rules and regulations of the Los Angeles Unified School District, it is the intent of the Board of Education and Van Nuys High School to keep this campus as free as possible from narcotics, hallucinogenic drugs, intoxicants and other substances which have harmful effects on the lives of students attending this school. It is also our intent to provide students, staff members (both classified and certificated) and community members with an educational program which is preventive in nature and designed to help students and staff who are having problems related to drugs or alcohol.

Any student or staff member who possesses, furnishes, uses or sells narcotics or other hallucinogenic drugs or intoxicants on school premises shall be subject to arrest, suspension, expulsion or other disciplinary action.

Each case of a student under the influence or in possession of narcotics and/or other dangerous drugs shall be considered on its own merit as a unique problem requiring a unique decision by the school staff. Treatment and action shall be based upon an attempt to deal with the causes and behavior as well as the symptoms themselves.

Any student who sells narcotics or other hallucinogenic substance will be recommended to the superintendent and the Board of Education for expulsion.

Procedures For Substance Abuse Policy Implementation

Education

A relevant, ongoing educational program focusing on drug, narcotics and alcohol abuse is offered at the school through the Health Education Program, science classes and core team* seminars. Programs will be PREVENTIVE in nature and involve students, staff and community. Linkages between feeder elementary and junior high schools will be established to the extent possible.

Discipline/Supervision

A firm disciplinary policy relative to substance abuse will be maintained. Student lockers, grounds, facilities and persons are subject to search for reasonable cause.

If a student is suspected of being under the influence or in possession of drugs, narcotics or alcohol, he/she is to be taken immediately to the security officer or appropriate dean. The principal (or designee) and school nurse shall be informed immediately and will observe and question the student. If, in the opinion of at least two staff members, the student is deemed to be under the influence or in possession of illegal and/or dangerous substances, the student will be suspended, the parents notified and where necessary reported to authorities.

The principal(or designee) will make a determination at that time whether law enforcement agencies shall be notified. If the student is arrested, the school will attempt to notify the parent. On the same day the student is suspended, the core team chairperson (or dean) will be notified.

*Core Team: An intervention team of counselors, deans, administrators and volunteer professionals who have received appropriate training to function as facilitators and group leaders.

Policy Statement Related to Substance Abuse

Intervention

The parents of a student who has been suspended for drugs, narcotics or other substance abuse will be informed of the intervention/education program at Van Nuys High School and will be informed of the consideration of the case by the Impact Program.

The core team chairperson (or dean) will gather data concerning the student by contacting staff members and parent(s). A meeting of parent(s), student, core team members and the administration (a designee) will be convened at which time the school policy governing substance abuse will be outlined and the conditions for reinstatement addressed: 1) Student attendance required at information sessions relating to chemical use, abuse and dependency, and/or 2) student participation in appropriate support group for a specified period of time.

Realizing its ultimate goals are of a preventive and rehabilitative nature, the Drug Abuse Committee and/or core team will investigate each case. All data which considers the nature and extent of the student's total involvement in substance abuse will be examined. Parents will be provided viable alternatives (e.g. opportunity transfers) to the recommended school program. The superintendent and the Board shall be notified of one or more of the following actions.

1. Counseling by school personnel.
2. Consultation between staff and the student's family.
3. Voluntary involvement of student in other agency (public, non-public).
4. Required participation in a 10-week chemical concern seminar.
5. Opportunity transfer.
6. Referral to law enforcement, probation, protective services or other public service agency.

No student shall be suspended longer than five (5) days pending formal action by Administration.

No (Chemical Abuse) related opportunity transfer from other schools will be accepted unless the student and parent cooperate in a program recommended by the Van Nuys Drug Abuse Team.

ANCILLARY PROGRAM OF AWARENESS, EDUCATION AND COUNSELING SUPPORT

ESTABLISHMENT OF POSITIVE CLIMATE

In keeping with the District's student advocacy policy, Van Nuys High School will strive to establish a caring school community with empathy, compassion and communication extending between and among students, teachers, administrators and parents. We will strive to establish emotionally healthy classrooms and learning environments which include emphasis on positive self-concept, coping skills, interpersonal relationships, valuing, decision making and assertiveness. We will attempt to provide sufficient outlets for students' self-development and creativity which recognize individual needs, interests and skill levels.

STAFF DEVELOPMENT

Staff development opportunities for all staff members (certificated and classified) and parents will be provided free or with minimal fees. School support groups will be approached to provide scholarships for participants and defray costs of materials and supplies.
The objectives of Impact training are:

1. To heighten awareness about chemical dependency; the impact in the school setting; and the role of school personnel.
2. To facilitate personal awareness of attitudes, feelings and expectations which impact school programming.
3. To offer practical skills for the school professional in identification, intervention and referral of chemical dependency.
4. To propose effective school programming and successful implementation of components.
5. To stimulate discussion and action planning for school program implementation.

Faculty/Staff seminars will be held periodically on subjects such as:

- enabling behaviors
- intervention
- children of chemically dependent families
- aspects of the family illness addiction process
- experimentation, abuse, dependency
- working with parents and community resources
- prevention and strategies
- treatment and aftercare
- implementation of program into curriculum

VOLUNTARY STUDENT INVOLVEMENT

Opportunities will be provided for all students to be informed of the school's program relative to substance abuse and other psycho-socio problems. General orientation meetings and group sessions will be held to determine appropriate support groups. Core team members will facilitate various groups (e.g. alcohol, drugs, social awareness, family) and develop referral sources for those who need them. Assessment for students appearing to need treatment will be by district personnel or professional volunteers from Comp-care or similar agencey approved by the District.

TEACHER/STAFF REFERRALS

Teachers and other staff members who believe that a student exhibits symptoms suggestive of substance abuse shall complete an appropriate referral and submit it to the core team coordinator. The core team coordinator will send requests for information to other teachers or staff members who have knowledge of the student. Impact core team will collate the referrals and materials. This committee will recommend a support group, referral source or other appropriate action for the student and communicate the result of the committee's investigation to the person who made the referral.

PARENT/COMMUNITY INVOLVEMENT

Parents will be encouraged to take the staff development classes, workshops and seminars along with the school's professional staff. To the extent possible, community meetings will be held to explain the program, develop procedures for involving school personnel with the family members of students troubled by chemical use problems, and provide support groups and referral sources for families in need of help.

PRESENTATION TO

U.S. HOUSE OF REPRESENTATIVES

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

Public Hearing
Los Angeles, California
October 31, 1986

My name is Irma Strantz and I am the Director of Los Angeles County's Drug Abuse Program Office. It gives me great pleasure to present to your Committee today a brief sypnopsis of the drug abuse problems, as well as prevention and treatment issues facing the County at the present time. In my report, I will attempt to address each of the questions posed by the Committee.

I. NATURE AND EXTENT OF DRUG ABUSE IN THE COUNTY

Certain key indicators of drug abuse are monitored in Los Angeles County on an ongoing basis, in order to develop the annual plan for services, including the allocation of public funding. These indicators are: drug related deaths; drug related emergency room visits; drug related arrests; and probation investigation caseloads. In addition, the County's computerized client information system (part of the Statewide system known as CAL-DADS) provides a quarterly report on the characteristics and drug problems of clients entering and leaving the treatment system.

A. Drug Abuse Indicators

Los Angeles County has a population of 7.9 million in a State of 25.6 million (30.9%). During 1984, the latest year for which complete comparative data is available, Los Angeles County had 43% of the juvenile drug-related arrests; 46% of adult misdemeanor drug-related arrests; 47% of the adult felony drug-related arrests; and 36% of the diagnosed and reported drug-related deaths in the State.

Summarizing the most recent 1985 drug abuse indicator data available in Los Angeles County, heroin abuse continues to rise; PCP abuse is declining, cocaine abuse is rising sharply; and the problems associated with the use of these 3 drugs account for 91% of treatment admissions to publicly-funded programs.

As Table 1 (attached) shows, drug-related deaths and drug-related emergency room admissions for heroin and cocaine have increased significantly between 1982 and 1985.

Heroin-related deaths have increased by 7.9% since 1982, while deaths involving PCP have declined. There were 125 cocaine mentions in 1985 as compared to 46 in 1982, an increase of 172%. On the average, each emergency room admission for drug related problems involved about 1.5 drugs and each drug-related death involved about 2.5 drugs. However, there were also 50 deaths in 1985 caused solely by cocaine overdose.

The preliminary count of drug-related deaths in Los Angeles County was 636 during 1985. This total was equivalent to a county-wide mortality rate of 10.9 per 100,000 population at risk (based on the number of 10-64 year old persons in the 1980 census). A comparison of drug-related deaths over the past ten years (see Figures 1 and 2 attached) shows that there has been a gradual increase since 1980. However, heroin related deaths do not at this time compare to the shocking level of 1975, when purity of the available heroin was much higher.

During 1985, drug-related arrests in the County totaled 106,993. This is equivalent to a county-wide arrest rate of 1833.9 per 100,000 population at

risk. Figures 3 and 4 (attached) demonstrate the 57.8% increase in drug related arrests and 572% increase in probation investigations since 1985.

B. Clients in Treatment

There were 34,402 drug treatment admissions to County contracted and selected private drug programs during Fiscal Year 1985-86. For this total, the primary drugs of abuse at admission were heroin (70.9%), cocaine (12.4%), PCP (6.9%), marijuana/hashish (4.2%), opiates other than heroin (1.9%) and amphetamines (1.0%). All other drug categories accounted for less than 1.0% of the admissions. There were about two males for every female admissions with the percentages for this fiscal year at 63.8% and 36.2% respectively. The largest ethnic group was White (42.2%), followed by Hispanic (36.3%), then Black (19.7%) and other ethnicities such as Asian American and American Indian (1.9%). The age group with the largest number of admissions was 26 to 33 years.

Sixty-seven percent of the clients admitted during this fiscal year had begun using the drug for which they were seeking treatment before calendar 1982. In addition, 42.8% had been arrested at least once during the twelve months preceeding admission, and one of every five clients had been referred to treatment by the criminal justice system.

With regard to the abuse of certain drugs by different ethnic groups, treatment admission data for the first six months of 1986, showed that Hispanics accounted for 62.2% of the PCP admissions, 38.5% of heroin admissions and only 15.4% of cocaine admissions. Blacks, on the other hand, were represented by 46.7% of cocaine admissions, 23.6% of PCP admissions and only 13.1% of heroin admissions.

II. SPECIAL POPULATIONS

A. Acquired Immune Deficiency Syndrome (AIDS)

AIDS has become a critically serious problem in the drug abusing community and a clear potential problem for the general population. As of August 4, 1986, the Centers for Disease Control in Atlanta, Georgia, reported that there were 22,983 diagnosed AIDS cases nationally, with intravenous drug use the only risk factor in 17 percent of the cases.

In Los Angeles County, there were 2,251 AIDS cases diagnosed as of September 30, 1986. Of this number, 257 (12.0%) reported a history of intravenous drug use. As the AIDS epidemic progresses, it is likely that more victims will be found in the drug abusing population and that others will be infected with the virus through sexual contact with an intravenous drug using carrier.

A study on the prevalence of the HTLV-III antibody among intravenous drug users is currently being completed in the County. A sample of 728 intravenous drug users, selected from 31 publicly funded and private methadone detoxification and maintenance clinics, had blood samples drawn and responded to a standard questionnaire on AIDS-related risk behaviors. Of the 728 subjects, 13 (1.8%) tested positive for the HTLV-III antibody. Preliminary analysis indicate a high propensity for risk behaviors prior to drug treatment among both the clients who tested positive and those who tested negative. For example, 94% of the negative group and 92% of the positive group indicated that they had shared needles. Also, 46% of the negative group and 31% of the positive group indicated they shared needles four or more times on the average each month. When asked if they cleaned the blood from needles they shared, almost 90% indicated they did. However, some incidental information

collected during the survey showed that some subjects used only tap water for this purpose. To combat this deadly potential for the spread of AIDS, among IV drug users, the Drug Abuse Program Office has carried out extensive training for drug treatment staff and provided prevention material to drug treatment clients. Education and technical assistance efforts continue, including the establishment of counseling and support groups for those who test positive for exposure to the virus.

B. Babies Prenatally Exposed to Drugs

Despite increasing educational and media information efforts in recent years regarding the dangers of substance abuse during pregnancy to the unborn child, the number of women who use drugs or alcohol occasionally, frequently or even regularly during pregnancy continues to rise.

There are some sex differences in choice of drugs of experimentation or abuse during the teenage years and young adulthood (for example, the male showing greater involvement in narcotics), yet women of child bearing age are just as likely to use marijuana, alcohol, and to a lesser extent-PCP and cocaine, as their male peers. This pattern cuts across ethnic, racial and socioeconomic groupings.

As shown in Attachment A, a summary of neonatal withdrawal reports in Los Angeles County between January and June, 1986 (submitted by 21 hospitals), over 69 percent of the cases involved cocaine, almost 16 percent, PCP, and 12 percent heroin or morphine.

From 1981-85, the number of Juvenile Court filings regarding either infants suffering from withdrawal or children ingesting drugs has increased 453

percent (to 730 annually) and in the same court, the number of filings regarding excessive use of drugs by parents of children of all ages increased 657 percent (to 1825 annually).

There are over 13,000 women of child bearing age (15-44) in the drug treatment system in this county. In 1985, 322 were reported as being pregnant. Many pregnancies were undetected or unreported and many, received little or no prenatal care. For example, at Drew/King Medical Center, it is estimated that 40-50% of women who deliver babies have inadequate prenatal care and 1 in 5 have no prenatal care whatsoever. The correlation between maternal substance abuse and lack of prenatal care is very high.

The cost of this problem to the County has still to be estimated. For 720 newborns reported in 1985 as prenatally exposed to drugs, the average length of stay in the intensive care unit was under 5 days. At $1400 per day, the total cost was $2.5 million. These babies are referred quickly to child welfare authorities partly because Medi-Cal funding for lengthy in hospital care is not available. Cost of care and supervision by the Department of Children Services has yet to be computed. The cost of special services required by the child as it grows and enters the school system or the State Developmental Disabilities system is also not available.

Although the County drug program has allocated $894,000 to this target group, much more needs to be done. Plan priorities include expansion of: a) residential treatment programs for pregnant addicts and addicted women with children; b) prevention programs for high-risk female teens; c) training and technical assistance to health care and drug abuse service providers;

and d) development of a media campaign (with special films and pamphlets) to alert the public regarding the harmful effects of drugs and alcohol on the unborn.

C. Youth

Illicit drug use by students, particularly in junior and senior high schools, continues to be a problem in this County. Drugs such as cocaine, PCP and marijuana are readily available on or near the campus. In a recent statewide survey of California students in grades 7, 9 and 11 in six regions of the State (including Los Angeles County), illicit drug use was reported by 10.7% of students in grade 7; by 25.7% of students in grade 9; by 51.4% of students in grade 11 (Attachment B). Over 60,000 California secondary school students (with a third of these in Los Angeles County) use marijuana daily. Almost as many are involved in polydrug abuse (use of alcohol and drugs) at least once a month. Also by grade 11, 45% had reported being high or intoxicated on drugs and 65% on alcohol.

Comparisons in this study of alcohol, marijuana, cocaine and inhalant use by different ethnic groups showed that White and American Indian students reported the highest levels of substance use, with Asian students the lowest, and Blacks and Hispanics typically falling in between.

Seventeen of the 23 County's primary prevention programs target to youth, their families, and the community. Eighty elementary, junior, and senior high schools in 20 school districts in Los Angeles County are recipients of these prevention services. Programs are offered in the classroom and after school to the following target groups:

1) Youth - grades K-12, in classrooms, at noon-time "rap" sessions, in after school and summer activities (sports, art therapy, arts and crafts, and dance), and on field trips, providing alternatives to drug use and abuse;

2) Parents - in activities with and without their children to enhance and establish lines of effective communication and positive family relationships;

3) Teachers and other school personnel - to assist them in incorporating prevention strategies into their daily interactions with youth;

4) Community groups - in order to elicit their support, organize them to solve their own problems, and provide them with an understanding of prevention methodology;

Early intervention programs are offered in community based facilities throughout the County, and are directed toward users in the early stages of substance use or abuse who have either directly sought help for themselves or have been brought to the attention of service providers by law enforcement agencies, parents, school authorities, or others.

D. Homeless Drug Abusers

Homeless populations, including a growing number of parents and children where parents cannot find work, are in need of various services including shelter, food, clothing, and, in some cases, treatment for substance abuse. One estimate placed the homeless population in Los Angeles County at close to 500,000 persons. During the 1985-86 Fiscal Year, the drug abuse program allocated approximately $200,000 to the treatment of homeless drug abusers. There were 8 residential drug free treatment beds for homeless women with

children and 10 residential drug free treatment beds for men. Expansion of drug abuse services to the homeless is a continuing high priority in the plan.

E. Disabled

Recent studies of the disabled community in California indicate that there is a significant amount of prescription misuse and illegal drug use in this population. The handicapped are underserved by present drug treatment resources as a result of architectural and attitudinal barriers. Approximately 25 percent of the disabled experience dysfunction attributed to alcohol, marijuana, opiates and other drugs, in that order. Valium appears to be the leading unnecessarily overprescribed drug, in the opinion of disabled treatment clients surveyed.

A small residential program for the hearing impaired was implemented last year and it is hoped that additional funding will become available to expand drug abuse prevention and treatment services for the disabled.

F. Elderly and Drug Abuse

Senior citizens, the elderly over 65 years of age, are the fastest growing population in the United States today. Currently, they represent about 11 percent of the Los Angeles County population, but consume at least 25 percent of all prescription and over-the-counter drugs. Over 60 percent regularly take at least one prescription medication. They are especially at risk for overprescription, adverse reactions from taking medications many years, and an inability to keep track of what medications they have consumed during the day. The lonely, isolated individual often adds alcohol with devastating consequences.

The County drug program currently funds one medicine misuse program for the aged and needs to expand this program as soon as funding becomes available.

III. LOCAL TREATMENT AND PREVENTION SERVICES

A. System of Services

Los Angeles County's Drug Abuse Program is provided through the use of public funding in the amount of $22,334,890. Federal Block Grant contributes 35.4% of these public funds. When revenue such as client fees are included, the gross program budget is $27.7 million (See Attachment C). The County Drug Abuse Program is provided almost entirely through contract with private community-based agencies. The annual Plan provided for a comprehensive system of services including prevention, early intervention, detoxification, methadone maintenance, residential and outpatient drug free programs. In Fiscal Year 1985-86 there were 136 contracts which provided 4,855 treatment slots and approximately 112,000 units of services in prevention or early intervention programs.

As Attachment D shows, there has been a 36% decline in available treatment slots since Fiscal Year 1980-81. Loss of Federal and County funding, reallocation of outpatient treatment funding to prevention services and ever increasing costs of providing human services have each contributed to the decline. In 1985, it was estimated that at least $8 million new dollars would be required to replace the lost treatment slots.

B. Effectiveness of Services

Three studies were completed during Fiscal Year 1985-86 which evaluated treatment success.

1) The first was Client Outcome From Drug Treatment; January 1984 - December, 1985. This study evaluated outcome measures for 37,552 drug abuse treatment clients who accounted for 54,870 treatment episodes during this two year period. It was found that nearly 45% of the clients treated in publicly funded programs left treatment with a positive discharge status of either completing the treatment plan and goals or making significant progress toward this completion. With length of stay in treatment significantly associated with treatment success, it was also found that 51% remained in treatment for more than 60 days. A final positive measure found was that the relapse rate for 24 months was only 14.2%. That meant that 86 out of every 100 clients treated did not return for further treatment whithin the two year period.

2) A second study was the semiannual Drug Abuse Treatment Client Satisfaction Survey. Seven hundred standard questionnaires were given to a random sample of clients representing all publicly funded treatment modalities. Each client was asked to fill out and return the survey anonymously. Four hundred clients responded. The characteristics of the respondents were roughly equivalent to the treatment population as a whole. Seventy-four percent of the respondents indicated they found the services helpful. Sixtyone percent of the clients participated in establishing their own treatment plan. If further treatment were needed, 61% responded that they would return to the same program and would want the same counselor.

3) The third study was the Grocery Checker Training Evaluation. The purpose of this study was to conduct a 90 day follow-up evaluation of job performance of 30 recovering drug addicts who were receiving grocery checker training in conjunction with treatment for drug dependency. This project was a joint effort of the Drug Abuse Program Office, the Los Angeles

Unified School District and the State Department of Rehabilitation. It was undertaken as marketable job skills are a typical deficiency within the significantly dysfunctional drug abuse treatment population.

This project showed a great potential in the training and placement of clients completing residential drug free treatment services. A total of 22 of 23 clients trained were working at the time of the evaluation with 12 placed in participating market chains and six holding related jobs. In addition, there were statistically significant gains in the areas of language and arithmetic for minority participants. Anecdotal information from training staff was also positive indicating that the trainees were highly motivated and felt a great sense of accomplishment through the training.

C. Access to Services

Funding for the existing contracts has remained at a status quo level for the past two years. Programs are overutilized and are unable to meet the growing demands for services. A recent survey has shown that the waiting time to enter residential treatment varies from 1 to 8 months; for maintenance services, from 1 to 12 months; and for detoxification services, from 1 to 2 weeks. The demand for services is especially acute for: 1) intravenous drug users at risk for AIDS; 2) pregnant addicts or drug abusing women; 3) youth requiring a range of services including residential programs; 4) incarcerated drug abusers who request residential treatment and cannot be released until beds become available; 5) young adults with dual diagnoses of mental illness and substance abuse; and 6) homeless drug abusers who have basically no place to go if residential drug treatment is not available.

IV. FEDERAL FUNDING

With regard to the impact of the Federal funding on drug abuse services in the County, we believe that it has been and continues to be significant. While this funding represents only one-third of the total public funds devoted to drug abuse services, the support signifies an acknowledgment at the Federal level that drug abuse is a problem of national importance.

The treatment system in Los Angeles has never fully recovered from the 1981 Omnibus Block Grant Bill by which Federal support was reduced 26%, and a portion of the remaining funding was mandatorily shifted to prevention and early intervention services. It is understood that the intention of the Federal government was to turn program management and funding issues over to the States and local governments. In California however, concurrent with this transfer of responsibilities, was the passage of Proposition 13. Local government has been unable since then to respond to the escalating drug problem with expanded funding for services. The local treatment system adapted as best it could by increasing client fees and through greater use of Federal Medi-Cal (medicaid) funds (See Attachment C).

The Federal Block Grant system identifies prevention and women's services as priorities for the use of these funds. While the intent of this earmarking is laudable, we would discourage the use of special allocations to other underserved target groups and recommend that local or State response to national program priorities can best be achieved by requiring States to address these priorities when submitting their annual Federal Block Grant Plans for Services.

V. FEDERAL ROLE AND ASSISTANCE

We believe that the Federal government can provide strong leadership and assistance to the States and localities in the following areas:

A. Planning

Federal, State and local planning and forecasting activities can be enhanced by:

1) ensuring that all States and all publicly funded programs participate in a client data system which will provide information regarding the range of services being provided and the profiles of clients using these services, together with outcome at discharge. While each State should develop its own system, certain commonalities of data should be provided for and regularly reported to the federal government;

2) assisting all States and local planning jurisdictions to develop and utilize a system of drug indicator data in their annual program planning activities. At present, about 23 metropolitan areas participate in a national Community Correspondents Group where such information is collected and discussed for national planning purposes. Three metropolitan areas in California (Los Angeles, San Diego and San Francisco) all members of this group. This system, however, should be expanded at the State level to include other jurisdictions, both medium-sized and small.

B. Services

The quality of services being provided throughout the nation could be enhanced by:

1) increased training and technical assistance to States and local government in specialized areas such as: standards for accreditation or certification

of drug counselors; treatment methods for special client groups, such as those with a dual diagnosis of mental illness and substance abuse; and prevention and counseling methods adapted for different minority groups. With the federal government developing and sharing (through training of trainers) modules of these types, both cost effectiveness and efficiency can be addressed;

2) developing and providing a computerized information and resource network or clearinghouse, so that States and local government agencies can rapidly access the latest information regarding research and evaluation, prevention and treatment resources and drug abuse trends;

3) enhancing the budget and resources of DRACON (Drug Abuse Resource and Communication Network) so that quality prevention and educational materials (both audiovisual and printed) can be obtained in sufficient quantity and in a timely manner at the local level.

C. Third Party Payment Systems

The Federal government should require, through legislation, that standard health insurance coverage be included and be offered nationwide for drug abuse treatment. Cost-effective models of treatment are available which deemphasize hospital care in favor of longer term residential and outpatient services.

Only 5 percent of clients entering publicly funded treatment programs carry health insurance which is applicable to their care. At least as many clients enter public drug programs following costly inpatient treatment which has been subsidized by private insurance, with available insurance coverage utilized to the maximum within a period of three to four weeks.

We believe that by requiring such coverage in basic health care packages offered by the insurance industry, more people will have access to treatment and more cost-effective models will be used.

D. Funding

It appears that the drug abuse bill, which was signed by the President this week, contains a significant augmentation for drug abuse treatment services in Federal Fiscal Year 1987. Upon receipt of its local allocation, Los Angeles County will move rapidly to expand treatment services to all ethnic and special target groups. It is imperative that the increased level of funding continue to be available for the next several years so that new programs will not founder in a second or third year because of lack of continued financial support.

Thank you again for providing me with this opportunity to share the County's concerns regarding key issues in the prevention and treatment of drug abuse.

TABLE 1

DRUG-RELATED DEATHS AND EMERGENCY ROOM ADMISSIONS

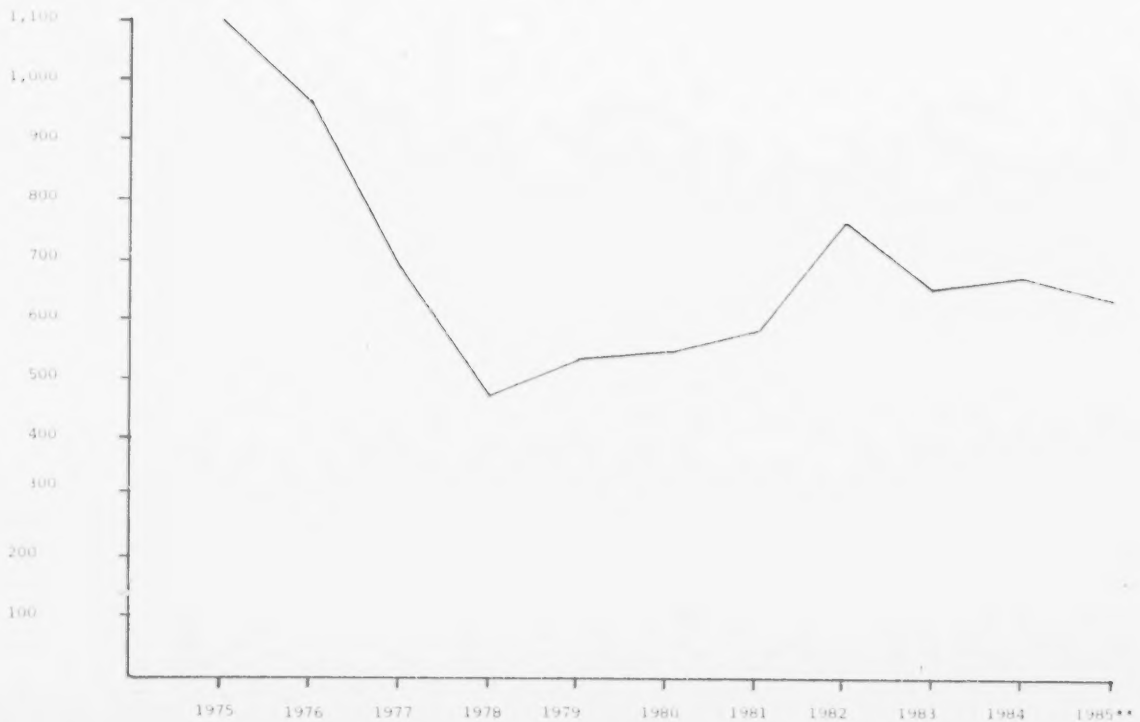
IN LOS ANGELES COUNTY

	1982	1983	1984	1985	Percent Change 82-85
Drug mentions in Drug-related Deaths. Total:	2026	1720	1801	1488	- 26.6
Heroin	252	256	271	272	+ 7.9
PCP & PCP/Combination	126	160	150	71	- 43.6
Cocaine	46	79	176	125	+171.7
Codeine	176	145	120	85	- 51.7
Drug mentions in Emergency Room Admissions Total:	17893	18351	16434	17921	+ 0.2
Heroin	808	1006	923	1323	+ 63.7
PCP & PCP Combination	2379	3026	2504	2002	- 15.8
Cocaine	395	596	1038	1635	+313.9
Codeine	348	263	178	157	- 54.9

Figure 1

DRUG OVERDOSE DEATHS* IN LOS ANGELES COUNTY, CALIFORNIA

1975 - 1986



*Drug induced deaths. Drug ingestion was the direct cause of death.

**Provisional data. The total is likely to increase by 30-50 cases.

MENTIONS OF HEROIN, PCP AND COCAINE IN DRUG INDUCED DEATHS

LOS ANGELES COUNTY, CALIFORNIA

1975 - 1985

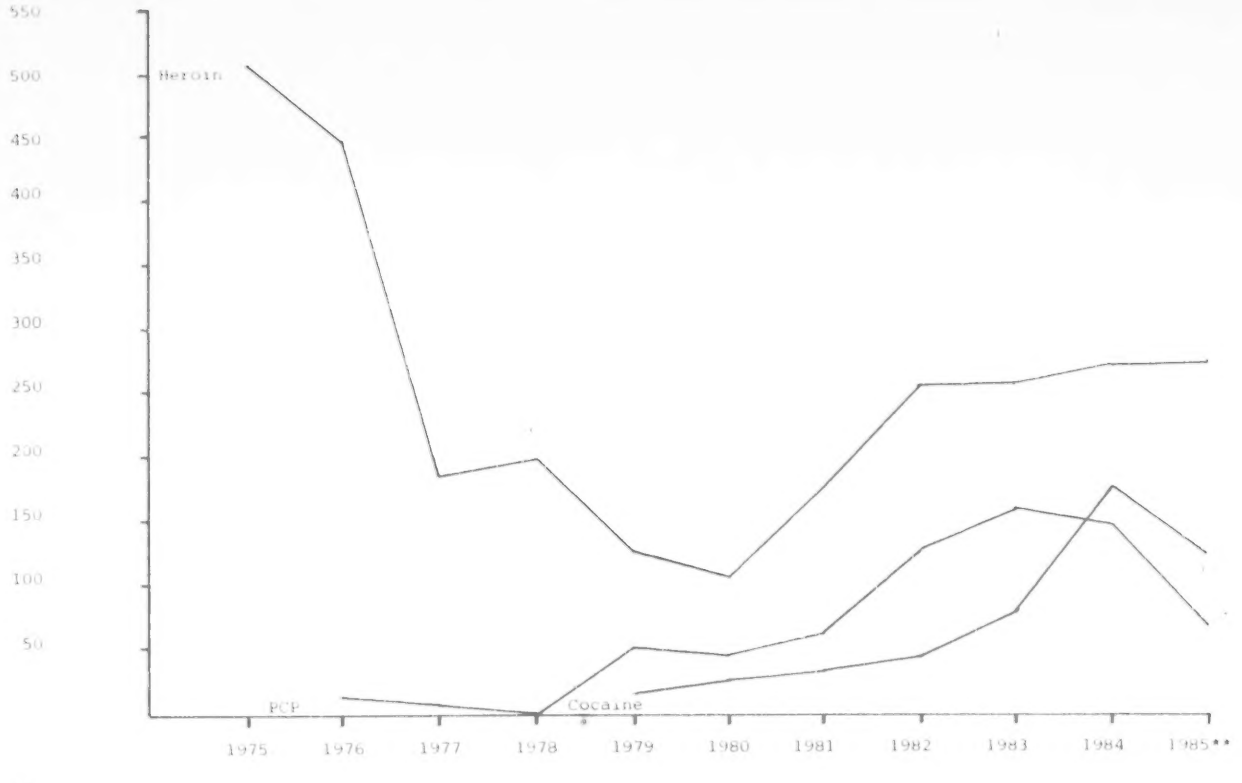


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Figure 2

ADULT AND JUVENILE DRUG-RELATED ARRESTS

LOS ANGELES COUNTY, CALIFORIA

1975 - 1985

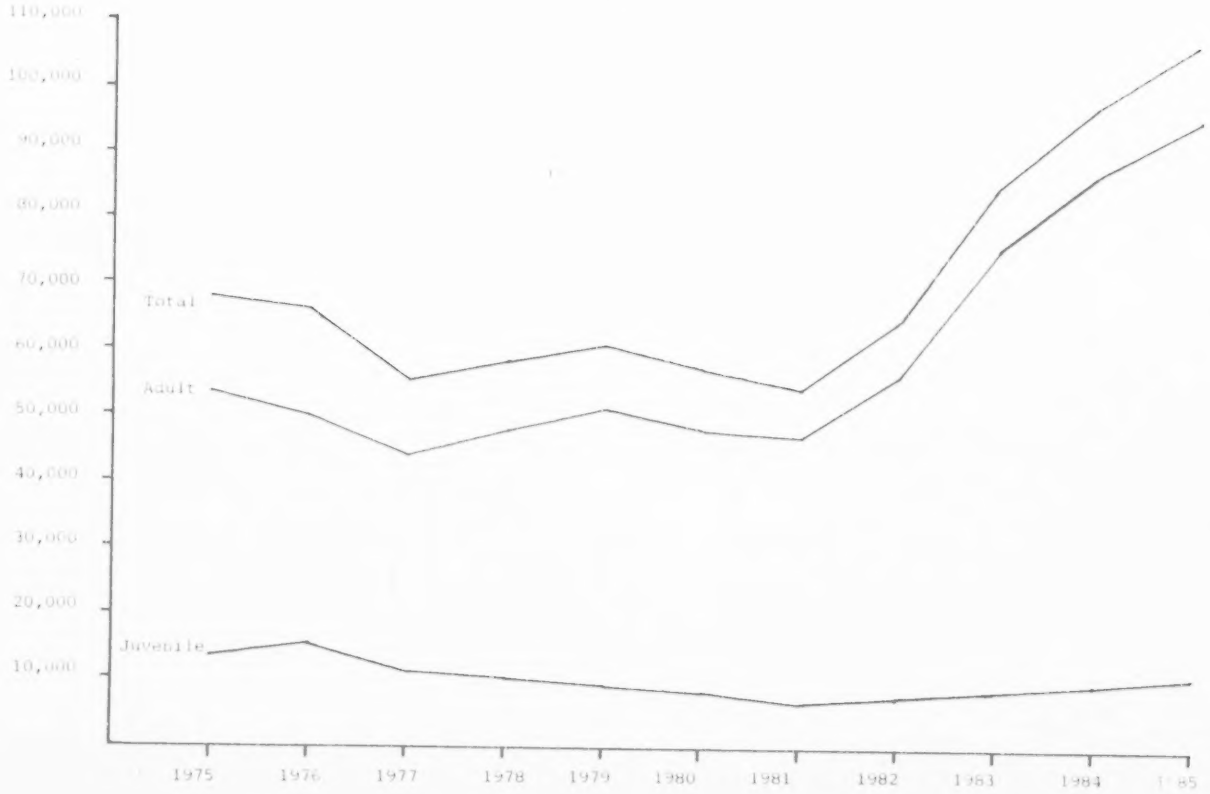
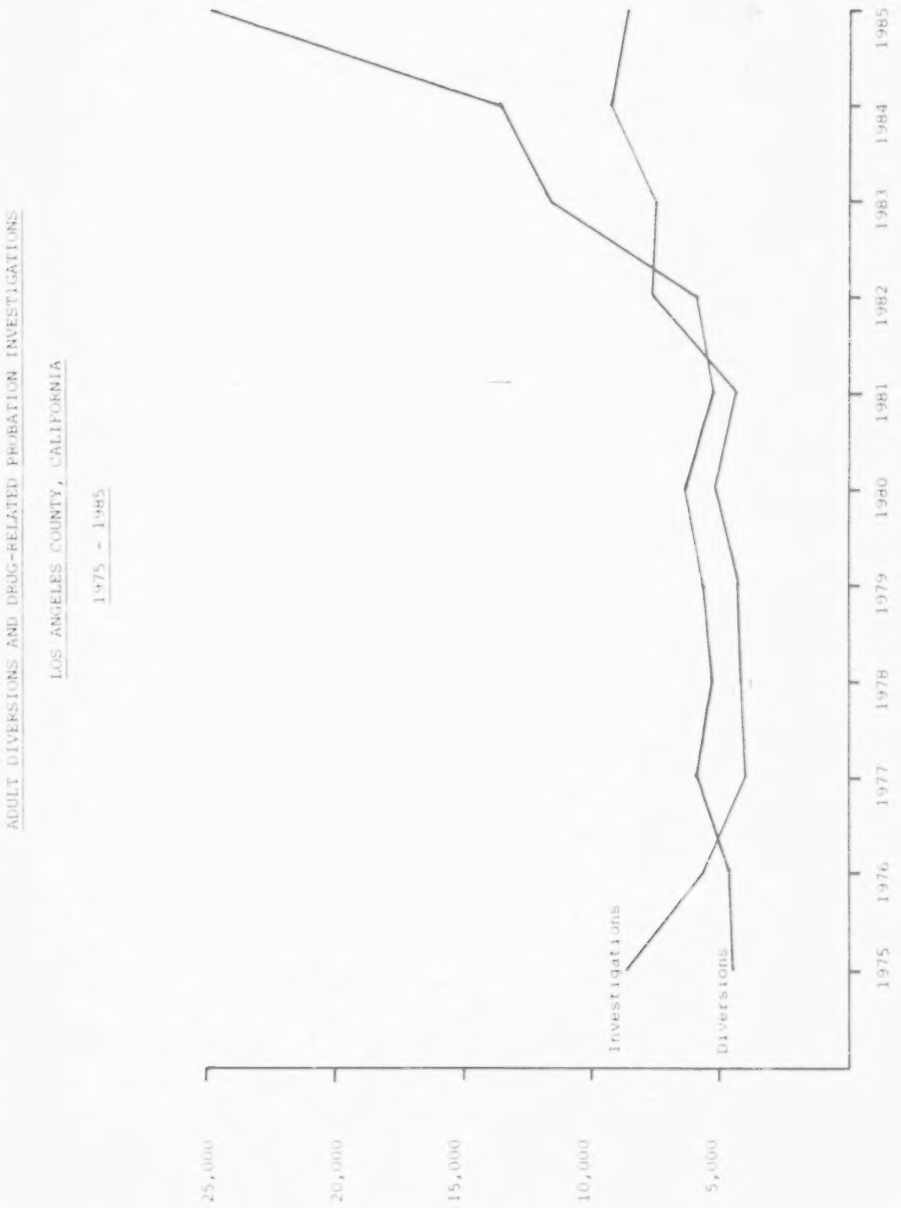


Figure 3

Figure 4


ADULT DIVERSIONS AND DRUG-RELATED PROBATION INVESTIGATIONS
LOS ANGELES COUNTY, CALIFORNIA
1975 - 1985
25,000
20,000
15,000
10,000
5,000
Investigations
Diversions
1975
1976
1977
1978
1979
1980
1981
1982
1983
1984
1985

Attachment A

LOS ANGELES COUNTY
NEONATAL WITHDRAWAL REPORTS
CHILD ABUSE PREVENTION PROGRAM
ETHNIC GROUP AND DRUG ANALYSIS
JANUARY THRU JUNE 1986

ETHNIC GROUP	FREQUENCY	ETHNIC PERCENT
AMER IND	1	0.25 %
ASIAN	3	0.74 %
BLACK	277	68.73 %
HISPANIC	56	13.90 %
UNKNOWN	15	3.72 %
WHITE	51	12.66 %

YVONNE BURKE HC= 1
WILMINGTON HC= 2
HARBOR/UCLA MED CTR= 32
MARTIN LUTHER KING= 134
LA COUNTY PED PAVILION= 2
LAC-USC WOMEN'S HOSP= 88
CEDARS-SINAI MED CTR= 34
CHILDREN'S HOSP= 4
EL MONTE COMM HOSP= 2
ST FRANCIS MED CTR= 18
UCLA MED CTR= 24
WHITE MEMORIAL MED CTR= 14
KAISER-HARBOR CITY= 2
KAISER-PANORAMA CITY= 2
KAISER-SUNSET= 2
KAISER-WEST LA= 2
SERRA MEMORIAL HLTH CTR= 1
SANTA MONICA HOSP MED CTR= 1
CALIFORNIA HOSP= 26
GLENDORA COMM HOSP= 4
POMONA VALLEY COMM HOSP= 8

DRUGS USED	DRUG FREQUENCY	% OF DRUG TOTAL	% OF TOTAL CASES
AMPHETAMINES	2	0.40 %	0.50 %
COCAINE	279	56.02%	69.23%
CODEINE	9	1.81 %	2.23 %
ENOBARBATAL	1	0.20 %	0.25 %
HEROIN	29	5.82 %	7.20 %
MARIJUANA	22	4.42 %	5.46 %
METABOLITE	1	0.20 %	0.25 %
METHADONE	4	0.80 %	0.99 %
MORPHINE	5	1.00 %	1.24 %
OPIATES	10	2.01 %	2.48 %
PCP	63	12.65%	15.63%
PHENOBARBITAL	1	0.20 %	0.25 %
THORAZINE	1	0.20 %	0.25 %
UNKNOWN	44	8.84 %	10.92%
ALCOHOL	27	5.42 %	6.70 %

DRUG FREQUENCY TOTAL 498 TOTAL CASES 403

The specific drug identified here comes from the child abuse report form. That identification may come from history, physical and/or laboratory evaluation of the mother and/or child. The drug is recorded here as noted on that form.

Attachment B

A STATEWIDE SURVEY OF DRUG AND ALCOHOL USE AMONG CALIFORNIA STUDENTS IN GRADES 7, 9, AND 11

WINTER 1985-1986

April 1986

Rodney Skager, Ph.D.
Project Director

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A STATEWIDE SURVEY OF DRUG AND ALCOHOL USE AMONG CALIFORNIA STUDENTS IN GRADES 7, 9 AND 11 WINTER 1985-1986

EXECUTIVE SUMMARY

The survey assessed 7,379 students in 87 California secondary schools (45 high schools and 42 junior or intermediate schools). Participating students were drawn from grades 7 (2,087), 9 (2,533), and 11 (2,759), and were limited to English-speaking students. Allowing for some variation by grade level, the sample was distributed ethnically approximately as follows: American Indian 3%, Asian 10%, Black 10%, Hispanic 20%, White 50%, and Other 7%.

The sample of schools was proportional, random and stratified according to six regions of the state (San Francisco, Los Angeles, San Diego, Northern, Central, and Inland/Southern). High schools were randomly selected within each region based on a further stratification according to (a) 12th grade enrollment (high vs. low), (b) socioeconomic status of parents (high vs. low), and (c) percent of limited or non-English speaking students (high vs. low). For each selected high school a "feeder" junior high or intermediate school was also identified and asked to participate.

Twenty-five percent random samples of students at the grade levels to be assessed were drawn at each school. Virtually all schools notified parents of selected students of the nature and purpose of the survey and of the fact that their child's responses would be anonymous. Questionnaires did not require names or other identifying information other than sex, grade level, and age.

Although it was also made clear to both parents and students that participation was voluntary, instances of unwillingness to participate were minimal (less than 1% of the students contacted). Students who were absent on the day the survey was administered were also not included. Approximately 20% of the student body at the three grade levels completed questionnaires at each school.

The questionnaire administered to 9th and 11th grade students required from 15 to 30 minutes to complete. A somewhat shorter and verbally less demanding version was developed for 7th grade students. Questionnaire content included questions on the use of 17 psychoactive substances including three forms of alcohol; marijuana; stimulant drugs such as amphetamines and cocaine; psychedelic drugs or substances such as LSD; narcotics, including heroin; PCP; cigarettes; and nonprescription use of various controlled medical substances such as barbiturates or tranquilizers. Students were asked to respond by indicating frequency of use of each substance over the previous six months. They were provided with a 7-point scale varying from "1" for "never" to "7" for "more than once a day." They were also asked to indicate the number of times, if any, they had used more than one drug on the same occasion, e.g., alcohol with marijuana. Simultaneous use of more than one substance is usually referred to as "polydrug" use and represents a particularly dangerous form of drug use.

Additional questions assessed age of first use and intoxication; peer attitudes about regular drug or alcohol use; judgments about the harmfulness of regular alcohol and marijuana use; sources of knowledge about drugs; where students obtain drugs; reasons students use vs. do not use drugs; and experience with five forms of alcohol/drug prevention education.

Completed questionnaires were inspected for cases which reflected improbably high levels of drug and alcohol use, inconsistent response patterns, or incompleteness. A total of 206 questionnaires (or 2.7% of the original sample of 7,585 cases) were removed for these reasons, including 34 which appeared to report improbably high levels of substance use. For this and other reasons, including the likelihood that at least some of the most seriously involved users of alcohol and other drugs would have dropped out of school by grade 11, the results of the survey probably provide somewhat conservative estimates of the amount and frequency of alcohol and drug use by California young people.

Beer was the most popular substance in terms of total use. Forty-one percent of 7th, 61% of 9th, and 69% of 11th grade students drank beer at least once during the previous six months. Use of wine and hard liquor was less than that for beer, but more than total use of marijuana. The latter was the most popular nonalcoholic drug. It was used by 10% of 7th, 32% of 9th, and 42% of 11th grade students in the six months preceding the survey. Cocaine ranked next among single substances. It was used by 3% of 7th, 10% of 9th, and 18% of 11th grade students. However, inhalants, a class of substances including commonly available hydrocarbons such as paint thinner or gasoline, were used by even more students, especially at lower grade levels, with 18% of 7th, 16% of 9th, and 14% of 11th grade students reporting at least some use. Inhalants were the only class of substances used more frequently by younger students. Finally, there was considerably less use of psychedelic substances, with mushrooms leading this group at 3% of 7th, 6% of 9th, and 9% of 11th grade students, compared to 1%, 4% and 6%, respectively, for LSD. There was relatively little, if any, use of narcotics, including heroin, with 1% or less reporting use of such substances at any grade level.

Weekly or more frequent use of beer was reported by 2% of 7th, 12% of 9th, and 20% of 11th grade students. Beer was also the most frequently used substance on a weekly basis. Marijuana was used weekly by 1% of 7th, 9% of 9th, and 13% of 11th grade students. Weekly use of other substances or classes of substances other than alcohol and marijuana, including cocaine and inhalants, was seldom reported by more than 1% or 2% percent of students at any grade level. Most frequent of the latter was cocaine, used at least weekly by 3% of 11th grade students.

Daily or more frequent use was confined mainly to marijuana. Less than 1% of 7th grade students reported daily use of this drug. However, 5.2% of 9th and 7.4% of 11th grade students indicated that they used marijuana daily. Daily use of beer was reported by only 2.4% of 9th and 3% of 11th grade students.

Daily use of marijuana or any other drug by 14- and 16-year-old adolescents, at the very least, defines a high risk group. If not already addicted, its members are in great danger of becoming addicted. The full impact of these findings can be appreciated if the percentage of daily marijuana use is projected to the statewide total for the population from which the sample was drawn. Daily use of marijuana by 7.4% of 11th grade students projects to 17,653 students statewide. The 5.2% use figures for 9th grade amounts to 12,149 students statewide. Comparable figures for grades 10 and 12 could be added, yielding an estimate of over 60,000 California secondary school students who use marijuana daily. This single statistic defines a public health, law enforcement, and educational problem of very great magnitude.

Polydrug use, or use of two or more drugs on the same occasion, is an especially dangerous form of alcohol and other drug use because the effects tend to be synergistic and thus unpredictable. One percent of 7th, 7% of 9th and 12% of 11th grade students reported polydrug use at least once per month. Polydrug use on 10 or more occasions in the previous 6 months was reported by 4.2% of 9th and 7% of 11th grade students. These figures are quite close to the daily use rates for marijuana, especially at grade 11.

Students who had used alcohol or other drugs were asked to give the age at which they first tried alcohol vs. other drugs and the age of first intoxication from alcohol vs. high from other drugs. By age 12, 58% of 7th graders had tried alcohol and 16% had been intoxicated; by age 14, 78% of 9th graders had tried alcohol and 47% had been intoxicated; and by age 16, 85% of 11th grade students had tried alcohol and 65% had been intoxicated. The parallel figures for drugs other than alcohol are: grade 7, 11% tried and 8% high; grade 9, 36% tried and 30% high; grade 11, 51% tried and 45% high.

When asked the drug on which they had first been intoxicated or high, 54% of 9th and 69.5% of 11th grade students responded by checking alcohol or some other class of drugs. Alcohol and marijuana were the two substances cited most frequently, with alcohol leading marijuana as the substance of first intoxication by a margin of approximately 3 to 1 (38% for alcohol vs. 14% for marijuana among 9th graders and 53% vs. 15% for 11th graders). If first intoxication is a significant step in the process of drug involvement, alcohol is the primary substance of initiation.

Perhaps most important, over half of 9th and over two-[illegible] graders reported that they had been intoxicated or high on alcohol or another drug at least once. In the purely statistical sense having experienced [illegible] form of intoxication is apparently "normal" by the 9th grade in [illegible]. If the statistical majority translates into a perceived norm for the majority of students, then the peer culture of most high schools is likely to be predominantly supportive of experimentation with alcohol and other drugs.

Cigarettes were used with much less frequency than alcohol at [illegible] grade level and less frequently than marijuana at grade 11. Only 16% of [illegible] of 9th, and 31% of 11th grade students used any cigarettes at all during the previous six months. In sharp contrast to alcohol and other drugs, there was no meaningful increase in regular smoking between 9th and 11th grades. Only 13% of 9th graders and 14% of 11th graders reported smoking one or more cigarettes per day.

Ninety percent or more 9th and 11th grade students reported knowing at least some adults who used alcohol. Fifty-one percent of 9th and [illegible] of 11th graders knew at least some adults who used marijuana. Adult models for the use of both types of substances are thus present in the environment [illegible] students.

Ninth and 11th grade students were asked to predict the [illegible] friends' reactions to vignettes about (a) another student [illegible] signs of intoxication at school and other social events, [illegible] dent who drank or used regularly but did not show the effects [illegible] and 11th grade students, only about one-third thought [illegible]

would accept or join the first type of student. However, 39% of 9th and 48% of 11th graders predicted that their best friends would accept or join the second type. In other words, by grade 11 almost half of the students believed that their closest friends would fully accept an individual who regularly used alcohol or other drugs in an "adult" manner, not showing the effects behaviorally.

Seventh grade students were asked whether they thought their best friends had already tried alcohol vs. marijuana, wanted to do so, or probably never would. Thirty-four percent thought their best friends had already tried alcohol compared to 17% for marijuana. Only 20% predicted that their friends would never try alcohol compared to 47% who made the same prediction for marijuana. The peer climate in the 7th grade was more accepting of alcohol than marijuana use.

When asked about the harmfulness of regular alcohol vs. marijuana use, students at all three grade levels judged the latter to be more harmful, although by grade 11 the difference was smaller (52% considered regular marijuana use to be harmful compared to 44% for alcohol). There was also a significant drop between grades 7 and 9 in the percentage of students rating regular use of marijuana as harmful (from 71% down to 53%), probably many students begin experimenting with that substance during this period.

Students were asked whether they had learned about drugs from friends, parents, school classes, and their own experience. As grade level increased, school classes were cited less frequently (from 66% at grade 7 to 58% by grade 11), as were parents (from 38% to 29%). In contrast, friends were cited more

quently (from 32% to 66%) and so was "own experience" (from 14% to 38%). Still, school remained an important source of information throughout the three grade levels, exceeded only by friends at grade 11.

When asked where students in the school obtained drugs, the most frequent response among 9th and 11th grade students was "at school (friends, dealers)" given by 33% of 9th and 40% of 11th grade students. Parties and social events outside of school and friends outside of school attracted almost identical percentages of responses (27% at grade 9 and 32%-33% at grade 11). Home was cited by only 5% of 7th and 7% of 9th and 11th grade students. There was thus no single, dominant source.

When asked reasons for not using alcohol or drugs, most students (79% at grades 7 and 11 and 73% at grade 9) cited fear of becoming an alcoholic or addict. Getting in trouble with police or school was cited by approximately 60% of students regardless of grade level. Losing friends was cited by 54% of 7th graders and 42%-43% of 9th and 11th graders. All of the former are extrinsic reasons. Each involves fear of negative consequences or disappointing others. Fewer students at grades 9 and 11 endorsed the intrinsic alternative, "would disappoint yourself because you have chosen not to drink or use drugs" (54% of 7th, 25% of 9th, and 30% of 11th grade students). It is likely that extrinsic reasons such as fear of consequences or hurting others are less resistant to change than intrinsic motivation to maintain one's chosen identity.

There is reason to believe that 30% of 11th grade students are highly resistant to the use of alcohol and drugs. In addition to the 30% who gave an intrinsic reason for not drinking or using, an almost identical percentage

(30.2%) did not drink beer, the most commonly used substance. Likewise, 30.5% reported that they had never been high or intoxicated from alcohol or drugs. If all 11th grade students, including those over age 16, are included, 34% reported that they had never been intoxicated from alcohol. Finally, responses to questions on prevention education summarized below revealed that 31% responded that they were not affected by such classes because they had already decided on their own not to use alcohol or drugs, more evidence of intrinsic motivation.

Ninth and 11th grade students were asked whether they had taken school classes on each of 5 models of prevention education. Information about alcohol and drugs and health and safety were cited by the largest proportion of students (50% to 65% at the two grade levels). Learning refusal skills (how to say "no" when under social pressure to drink or use) was reported by 44% of 9th and 42% of 11th grade students. Setting personal goals and decision making was reported by similar proportions of students. Alternatives to drug and alcohol use was checked by about 25% at both grade levels.

Twenty-six percent of 9th and 22% of 11th grade students had not taken any drug or alcohol education during their current school year. Ratings of the quality of prevention classes were moderately positive. When asked what they had learned in prevention classes, 38% of 9th and 46% of 11th grade students indicated they had gained information or knowledge about drugs and alcohol. From 29% to 41% at both grade levels had learned to avoid or reduce drug or alcohol use, how to resist pressure to drink or use, to avoid dangerous forms of drug use, and to avoid driving under the influence.

Average scores on total alcohol and marijuana use were compared for students who "had" vs. "had not" taken each of the 5 types of prevention education. There was no consistent pattern of differences for 9th grade students for either substance. However, 11th grade students who had taken each of the 5 types of prevention, in virtually all comparisons, reported significantly less alcohol and marijuana use than those who had not. While these results support the effectiveness of prevention at grade 11, they are at best suggestive rather than definitive, since causation cannot be established with these data.

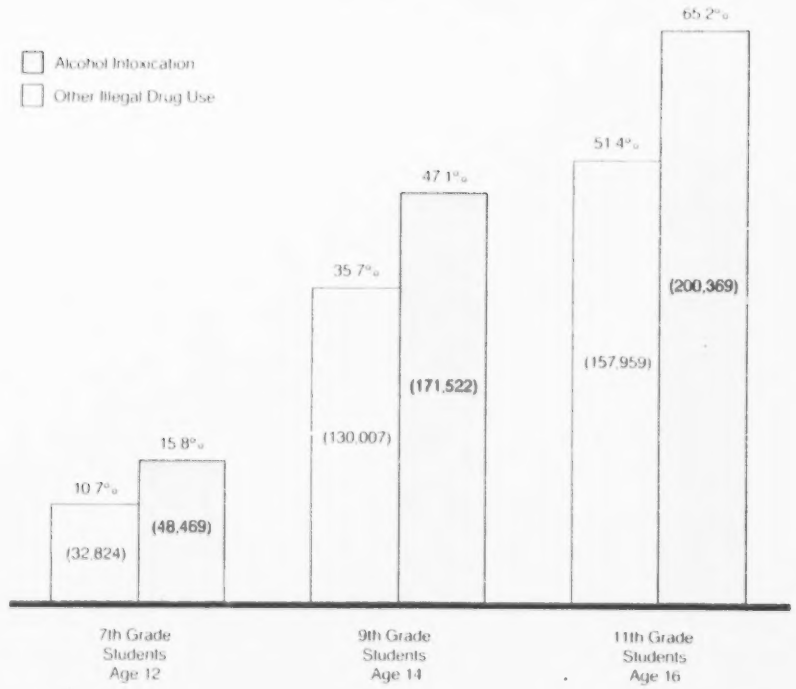
The 6 regions from which the sample was drawn were compared for total alcohol, marijuana, cocaine, and inhalant use. The results show that these substances were used in all regions, although some differences did exist. In particular, the 3 large metropolitan regions did not prove to have the highest levels of use as might have been expected. In several cases, the Northern Region reported significantly higher levels of use than at least some other regions for alcohol and marijuana at both the 9th and 11th grades.

Comparisons between the 6 ethnic classifications were also made for the same 4 substances. In general, American Indian and White students reported the highest levels of substance use. Asian students were consistently lowest, with Blacks and Hispanics typically falling between the other groups. This pattern applies primarily to alcohol and marijuana use where significant ethnic differences were most frequently observed for both 9th and 11th grade students.

Rodney Skager

April 28, 1986

Student Illegal Drug Use



Source: Statewide Survey of Drug and Alcohol use among California students in grades 7,9,and 11.

Attachment C

LOS ANGELES COUNTY DRUG ABUSE PROGRAM

FISCAL YEAR 1986-87

Modality	Budget	Revenue	Gross Program	% Gross Program
Administration	$ 2,492,880	$ Ø	$ 2,492,880	9.0
Primary Prevention	1,869,991	152,295	2,022,286	7.3
Early Intervention	1,036,661	124,490	1,161,151	4.2
Outpatient Drug Free	4,279,521	609,402	4,888,923	17.7
Outpatient Detoxification	550,604	57,036	607,640	2.2
Residential Drug Free	7,407,586	3,716,043	11,123,629	40.1
Residential Detoxification	2,118,851	220,888	2,339,739	8.4
Outpatient Methadone Maintenance	2,112,068	491,046	2,604,014	9.4
IROS	465,828	Ø	465,828	1.7
TOTALS	$22,334,890	$5,371,200	*$27,706,090	100.0 %

* Funding By Source and % Of Total

Funding Source	Gross Program	%
Federal Block Grant	$ 7,924,218	28.6
State General Funds	11,528,640	41.6
Federal Medi-Cal	696,613	2.5
County Funds	2,185,410	7.9
Revenue (client fees, insurance, food stamps, etc.)	5,371,200	19.4
TOTALS	$27,706,090	100.0 %

Attachment D

DRUG ABUSE SERVICES SYSTEM PUBLIC FUNDING

FY 80-81 THROUGH 86-87

Modality	80-81	81-82	82-83[1]	83-84	84-85	85-86	Dollar Change	Percent Change
Treatment								
Outpatient Drug Free (slots)	4,896	4,504	3,398	3,961[2]	3,180	2,948	- 1,948	- 39%
Residential Drug Free (slots)	911	910	747	601	603	603	- 308	- 34%
Outpatient Detoxification (slots)	62	64	198[3]	198	198	199	+ 97	+ 156%
Residential Detoxification (slots)	62	66	51	51	51	51	- 11	- 18%
Inpatient Detoxification (slots)	32	32	19	19	19	19	- 13	- 41%
Outpatient Meth. Maint. (slots)	1,540	1,382	975	981[6]	979	979	- 561	- 36%
Day Treatment (slots)	72	72	62	28	-0-	0	- 72	- 100%
TOTAL	7,665	7,030	5,300	4,871	5,001	4,856	- 2,709	- 35%
Prevention and Early Intervention								
Outreach (units)	3,963	3,606	-0-	-0-	-0-	-0-		
Prevention (units)	68,864	59,851[4]	46,401	49,733	46,153	67,220	+ 2,356	+ 3.5%
Early Intervention (units)	-0-	5,194	24,345[5]	38,266	29,012	44,659	+44,659	+100%
TOTAL UNITS	68,827	68,651	70,746	88,199	75,166	111,879	+47,018	+ 69.5%

(1) In FY 82-83 Federal funding reduced by approximately $2,400,000.
(2) To meet Federal mandate that 20% of Block Grant funding be allocated for prevention (inclusive of early intervention services), funding in excess of $600,000 was converted from outpatient services to early intervention.
(3) Effective January 1, 1983, MIA funding for 148 outpatient methadone detoxification slots was implemented in accordance with transfer of MIA funding to county administration.
(4) Reflects transfer of 5 county funding prevention programs to AB 2086 funding and jurisdiction of alcohol program administration.
(5) In FY 82-83 effort began to meet 20% Block Grant mandate for prevention funding with conversion of four contract programs from outpatient to early intervention services.
(6) FY 83-84 increase over FY 82-83 of six methadone maintenance slots primarily due to utilization of Short-Doyle Medical funding.

NOTE: FY 81-82 was the last year that drug abuse received a cost-of-living allocation from the state while Federal funding has been reduced and inflationary factors still continue.

pt/62

CONGRESSIONAL TESTIMONY BEFORE THE SELECT COMMITTEE ON NARCOTICS ABUSE & CONTROL

BY

Mimi H. Silbert, Ph. D.
President and CEO
DELANCEY STREET FOUNDATION, INC.

The recent focus on drugs could shed light on a complex issue we have long ignored, or it could generate a temporary fad and hysteria which will distract us from solving the real problem at hand. Just as 30-second campaign spots cannot capture the essence of what any political leader stands for, so, too, quick media-promotable answers, a rush of insufficient, ill-directed government money, and arguments about drug testing leave unresolved the basic issue of stopping people from abusing drugs. While it is important to control the influx and sales of illegal drugs, we will not lick this problem until we do something about people's need for drugs.

My twenty years of experience in this field is extensive. With doctorate degrees in Criminology and Psychology from the University of California at Berkeley, I have conducted major research and planned and evaluated projects in more than 25 cities, trained police, sheriffs, and probation officers in over 30 departments, taught college, and published many book chapters and articles. My work has been recognized by an appointment to the National Institute of Justice by President Carter, to the State Board of Corrections by Governer Deukmejian, by commendations from the State Legislature, and by San Francisco and Santa Monica Mayorial Proclamations, among others.

My experience indicates that drug abuse is highest among people who are marginal in our society. The poor, long outside the mainstream of our society, have for years been the prime candidates for substance abuse. However, as more and more groups in society become unneeded and marginal, and their values become diffused, (e.g. adolescents, our workers who are facing replacement by contract labor or technology, women facing the empty nest syndrome), they become higher risk for drug abuse.

It is not enough "just to say no to drugs." We must teach people to say yes to life. They must feel enough involvement, commitment, opportunity and responsibility to choose a life without drugs and without any form of self-destruction. This is not a simple task, but it is a critical one.

The organization of which I am the President and CEO, Delancey Street Foundation, is considered the most unique and successful residential treatment center in the country for former substance abusers and ex-convicts. Our successes have been touted by such notaries in the field as Dr. Karl Menninger, who states we are "the best in the world" and Nancy Reagan who wrote me to commend our work, along with many of the media, ranging from being featured on This is Your Life to a 60 Minutes segment, a segment of CBS Morning News, The Today Show, and a number of nationally circulated periodicals.

For fifteen years, Delancey Street has been rebuilding the lives of the most serious drug addicts with no government money. I believe it is an important model of change and provides an avenue of hope for our country.

Delancey Street currently has over 600 residents located in four facilities throughout the country: New Mexico, New York, Los Angeles, and headquartered in San Francisco. Our population ranges in age from 12 to 68; approximately 1/4 are women, 1/3 Black, 1/3 Hispanic, and 1/3 Anglo. Despite the backgrounds of our residents, there has never been one incident of physical violence in Delancey Street, nor has there been one arrest in the fifteen years we've operated.

All residents, despite being functionally illiterate and unskilled when entering Delancey Street, receive a high school equivalency and are trained in three different marketable skills before graduating. Thousands of men and women have graduated into society as taxpaying citizens leading successful lives, including lawyers, realtors, sales people, the various medical professions, truck drivers, mechanics, contractors, the prior President to the School Board, a member of the San Francisco Board of Supervisors, and even a deputy sheriff.

We have accomplished all of this, at no cost to the taxpayer or the client. One of the most unique features of Delancey Street is that we have never accepted any government funds, nor do we receive private operational grants. The Foundation supports itself primarily through a number of training schools which provide vocational skills to all the residents, and which also generate the Foundation's income through pooling the monies earned. These training schools include restaurant and catering, moving and trucking, terrarium and sand painting production and sales, furniture and woodwork production and sales, national specialty advertising sales to businesses and college bookstores, construction, automotive repair and antique car restoration, the operation of outdoor Christmas tree lots, and a print shop. Residents who have traditionally been unemployable welfare cases, have started, worked, and managed these training school businesses so successfully that they are the Foundation's primary source of working capital.

Aside from me, everyone working in Delancey Street is also a resident in the process of changing his or her life. There is no staff of experts. Instead, in Delancey Street, everyone is both a giver and a receiver. I believe we cannot do anything to or for the substance abuser. They must learn to do things with themselves and one another. As receivers their whole lives -- receivers of welfare, of therapy, of punishment -- these people must become the givers and doers. As each person learns a skill, he teaches the newer people, while learning new skills from older residents.

The treatment process is based on a return to the traditional American values. Discipline and dignity, self respect and service, hard work and a can-do attitude are key factors in the Delancey Street formula for success. Residents work 8 hours a day, are tutored till they receive a high school equivalency, attend daily classes in everything from money management through opera appreciation, attend group sessions three nights weekly, and do volunteer community work as well.

Thus, while thousands of people have succeeded in their task of no longer using drugs and no longer committing crime, we feel that our residents have succeeded in more important ways. They have pooled their resources to gain access to the same opportunities the middle and upper classes enjoy. Further, they have demanded of themselves that they make restitution to society, that they care not only about their own financial success in life, but that they care about honesty, integrity and the values by which we remain more than a country of people living together; values which make us a society.

U.S. Department of Justice

Drug Enforcement Administration

STATEMENT

OF

TED HUNTER
SPECIAL AGENT IN CHARGE
LOS ANGELES FIELD DIVISION
DRUG ENFORCEMENT ADMINISTRATION

ON

THE DRUG SITUATION IN LOS ANGELES

BEFORE THE

HOUSE SELECT COMMITTEE ON NARCOTICS ABUSE
AND CONTROL

CHARLES B. RANGEL, CHAIRMAN

OCTOBER 31, 1986
LOS ANGELES, CALIFORNIA

Mr. Chairman and distinguished members of the House Select Committee on Narcotics Abuse and Control: I am honored to have been invited to appear before you today to report on the illicit drug situation in the Los Angeles area. As the Special Agent in Charge of the Drug Enforcement Administration Los Angeles Field Division, I oversee DEA operations in the Central Judicial District of California, the State of Nevada, the State of Hawaii, the Territory of Guam, and the Commonwealth of Northern Marianas and Trust Territories of the Pacific Islands.

Within the Los Angeles Field Division there are six enforcement groups, as well as an airport group located at the Los Angeles International Airport, two diversion groups, an intelligence unit, a technical operations unit, and seven Resident Offices, which are in the geographic areas I have enumerated. The Division's present staffing consists of 140 Special Agents, 15 Diversion Investigators, and 7 Intelligence Analysts.

The United States shares a common border of approximately 1,900 miles with the Republic of Mexico. It is across this border that the bulk of the drugs produced in or transhipped through Mexico enters the United States. Heroin, marijuana, cocaine, and dangerous drugs are all entering the United States through our southwest border and eventually into the area covered by the Los Angeles Field Division.

I would now like to describe the trafficking and enforcement situation in the Los Angeles Division as it relates to each of the major drug categories.

TRENDS IN TRAFFIC

Mexico continues to be a prominent source of supply of heroin for the Los Angeles area. In addition, Mexico has become a major transit country for cocaine smuggled into California, as well as other parts of the United States.

A review of figures for heroin seizures on a national level showed that in 1984, Los Angeles accounted for 10 percent of the heroin seized. In 1985, 50 percent of the heroin seized by DEA was in Los Angeles. This increase is certainly attributable to the fact that preliminary estimates for 1985 indicate that 39 percent of the heroin available in the United States was processed in Mexico. In addition, our intelligence reports indicate that the majority of brown heroin smuggled into Los Angeles is controlled by Mexican nationals and transported by undocumented aliens.

Los Angeles is a major transhipment point for Mexican brown heroin to other cities in the United States. In the Los Angeles Division, Mexican black tar heroin is rapidly replacing the traditional brown Mexican heroin. Kilogram quantities of both types of Mexican heroin are readily available in the greater Los Angeles area. While the retail price/purity levels remain steady we have noticed a continuous decrease in the wholesale cost from $5,000 to $10,000 per ounce in 1985 to the current price range of $2,800 to $3,500 per ounce.

There are two other types of heroin available within the Los Angeles Division: Southwest Asian and Southeast Asian heroin. Southwest Asian heroin is available primarily in the Los Angeles area proper. We have identified several groups of Iranians and Pakistanis involved in the smuggling and wholesale distribution of Southwest Asian heroin. Wholesale quantities have been found to be between 60 and 70 percent pure.

Southeast Asian heroin is available within certain oriental ethnic groups, with a noted increase in trafficking activities within Southeast Asian ethnic groups in Central Orange county. All of our recent seizures have tested in excess of 70 percent purity.

COCAINE

Cocaine is readily available throughout the Division. In the Los Angeles area, it is not uncommon to find traffickers with 100 kilogram quantities of cocaine. Cocaine use is widespread within the Los Angeles area. Cocaine-related deaths in the Los Angeles area have tripled during the past year. Profits generated by the cocaine traffic have attracted an increasing number of professional people into the traffic.

Cocaine is transported into the Los Angeles area via vehicular traffic from the southeastern United States, often Florida. The upper-levels of the traffic are controlled primarily by Colombian nationals and secondarily by Cuban nationals. As a result of the increased enforcement pressure in the southeastern United States, intelligence information shows that the Colombians and the Cubans have initiated contacts with Mexican and Central American trafficking groups to utilize their well-established smuggling routes to the United States. Using Mexico as a staging area provides more flexibility in smuggling methods and minimizes the risk of detection.

Through a series of probes in the Los Angeles area, it was found that many organizations rotate their workers every four to six months, bringing in new people to handle such tasks as

collecting and distributing money, operating "stash houses," distributing drugs, etc.

Cocaine also reaches the Los Angeles area directly via sea or air from South America. Multi-kilogram quantities are available in all areas of the Division except Guam. Prices remain stable and low at the wholesale level of between $20,000 to $40,000 per kilo with high purities. It is rare to encounter even small quantities of cocaine less than 75 percent pure.

"Rock" cocaine, or crack as it is termed on the East Coast, was first encountered in the Los Angeles area in 1981. Rock is sold mainly on street corners at the cost of $25 per quarter-gram and $50 for a half-gram. There is also an "Eight-Track" being sold, which is equal to an eighth of a gram. Rock is packaged in all the usual forms, including vials, any type of plastic container, plastic baggies, or is not packaged at all.

Currently, our information tends to indicate that although rock is readily available, it remains at the street-level and is not found in the epidemic proportions recently reported on the East Coast. We find sales to be fairly well endemic to the black areas of the city/county.

MARIJUANA

Los Angeles and the San Francisco Bay area are major distribution points for marijuana. Imported and domestic marijuana are availble throughout the Division. The majority of the cannabis cultivation in California is in the northern part. Cultivation in Southern California is limited by a dense population and environmental considerations. DEA has no evidence to indicate that traditional organized crime elements are involved in the cultivation of domestically grown cannibis in California.

The overall Divisional intelligence assessment indicates that there is less domestic marijuana available. A recent strategy by cannabis growers has been to cultivate smaller plots to avoid detection by law enforcement officials. These smaller plots have led to a statistical increase in the number of actual seizures; however, the actual amount of cannabis cultivated in the Division is on a slow decline.

The Campaign Against Marijuana Planting (CAMP) is a joint effort of local, state and Federal agencies aimed at eradicating cannabis cultivation on both public and private land in Northern California. In 1986, along with eradication, additional emphasis has been placed on both prosecution of growers and seizures of assets, including real estate.

The asset seizure aspect is taking hold and it is anticipated that several ranches and raw land used and held by major cannabis cultivators will be seized and forfeited to the Government for sharing with state and local authorities. This asset seizure program should alleviate some of the financial burden encountered by local enforcement agencies in conducting CAMP.

DANGEROUS DRUGS

PCP

In the area of dangerous drugs, Los Angeles still remains the primary illicit manufacturing center of phencyclidine (PCP). The precursor bromobenzene is required for the illicit manufacture of PCP. Recent seizures of this precursor at the wholesale level have resulted in a shortage of bromobenzene in the Los Angeles area. Bromobenzene is currently being sold for $2,000 per gallon. One quart of liquid PCP is selling for approximately $3,000. Purity levels vary widely, ranging from 30 mg/ml to 110 mg/ml. Prices at the retail level have remained constant; however, the shortage of bromobenzene has caused the price of PCP at the wholesale level to increase.

SYNTHETICS

"China White", also known as synthetic heroin, is alpha-methyl fentanyl, a simple analog of the clinically

important drug fentanyl. In 1968, fentanyi was introduced clinically in the United States as an intravenous anesthetic/analgesic.

In late 1979, the Orange County Coroner investigated two deaths thought to be drug-related; however, subsequent analysis revealed no evidence of narcotics or other drugs of abuse. Twelve similar overdose cases occurred in California and one in Arizona in 1980. A commonality to each case was that the victims were said to be using "China White."

In early 1981, DEA confirmed the identification of the material as alpha-methyl fentanyl. The Los Angeles Division currently has no ongoing investigations involving fentanyl. The majority of the fentanyl related cases have been in the Sacramento/San Francisco areas.

METHAMPHETAMINE

Mehtamphetamine remains available within the Division. It is clandestinely manufactured primarily in the northern California border area. The outlaw motorcycle gangs continue to dominate the manufacture and the wholesale distribution of methamphetamine. The many remote locations within the Division are conducive to clandestine operations.

SIGNIFICANT INVESTIGATIONS/OPERATIONS

There are numerous major investigations currently being conducted within the Los Angeles Field Division. The majority of these investigations involve foreign nationals.

In March 1985, an undercover purchase of heroin in Los Angeles developed into a cooperative investigation between DEA and law enforcement authorities in Vienna, Austria. The initial undercover purchase of one pound of heroin was made from an Iranian national.

As the investigation developed, two additional purchases were made. The monies for the purchase of the heroin were exchanged in the Los Angeles area; however, the actual deliveries of the heroin took place in Vienna, Austria. Austrian authorities arrested the Iranian violator upon delivery of the third transaction of 50 kilograms of heroin.

Furthur investigation conducted by the Austrian authorities, resulted in the seizure of nine kilograms of heroin, six kilograms of opium, and the arrest of four Class I violators and 15 Class II violators. As a result of a prosecutorial agreement, all violators were convicted and sentenced in the Austrian court. In Los Angeles, $1.5 million in real estate was seized and a

Class I violator was arrested, convicted, and sentenced in connection with the case.

OPERATION BROWN HORSE

Operation Brown Horse was initiated in January 1985 to target a group of brown heroin traffickers. The operation involved numerous small investigations designed to develop intelligence and to identify the sources of supply of brown heroin in Mexico which were impacting on the availablitiy of brown heroin in the Los Angeles area.

As the investigation developed, these sources were identified as operating out of Sinola, Mexico. DEA's investigative efforts resulted in the arrest of 51 Mexican nationals and the seizure of 16 kilograms of brown heroin.

OPERATION REX

In 1983, the Los Angeles Field Division's Diversion Unit initiated Operation Rex. This investigation commenced when a concerned citizen volunteered to provide information while employed at a pharmacy. The DEA investigation revealed that the pharmacy was established for the purpose of filling fraudulent medical prescriptions. DEA also learned that a loosely-knit organization hired medical doctors to work at various medical clinics. This allowed the doctors to falsify medical records and

patients' names for the purpose of writing prescriptions for drugs to be diverted. The doctors were paid according to the number of prescriptions they wrote.

Transporters took "runners" to visit various medical clinics using fictitious names. The transporters paid the runners for each prescription they had filled. The runners, in turn, took the prescription to the pharmacy and the pharmacy inflated its charges for services rendered. The runners then turned the filled prescriptions over to the transporters who distributed the drugs to violators at the wholesale level.

By utilizing authorized wiretaps, controlled undercover buys and evidence from the pharmacy's records, Operation Rex resulted in the arrest and conviction of 12 physicians, two pharmacists, and three owner/operators of "weight and pain" clinics. After DEA revoked their registration to handle controlled substances, the 12 physicians and two pharmacists lost their respective licenses to practice in the State of California.

The success of Operation Rex is the result of the cooperative effort between DEA, the California Bureau of Narcotic Enforcement, the California Board of Pharmacy, the Medical Quality Assurance Board, and the California Attorney General's Office.

OPERATION CHEM SHED

Operation Chem Shed was an investigative effort targeted at three chemical supply companies that were supplying precursors for the illicit manufacture of phencyclidine, methamphetamine, and fentanyl. DEA intelligence information indicated that the parent company located in Canoga, along with the branches in Ventura and San Bernadino, were the sources of supply for 80 percent of the clandestine laboratories in Los Angeles. Information also indicated that the owner of the company had knowledge that the chemicals were being purchased for illicit purposes. The Operation was unique in that it was the first time in this area that a wiretap was used against a legitimate company to further develop evidence that the owner had full knowledge of the illicit intent of the purchasers.

The Operation resulted in the seizure of $3.5 million in assets, and the owner of the company pleaded guilty to RICO charges, to aiding and abetting the illegal manufacture of controlled substances, and tax evasion. In addition, the operation led to the seizure of seven clandestine laboratories of which four were manufacturing PCP, two were manufacturing methamphetamine, and one was manufacturing fentanyl.

AIRPORT PROGRAM

The Division's program at the Los Angeles International Airport (LAX) is a Task Force effort. This Task Force is comprised of representatives of the Los Angeles Sheriff's Office and the Los Angeles Police Department to complement DEA personnel. The Task Force is unique in that it has a night crew of investigators ready to respond to leads from any law enforcement agency worldwide, as well as to initiate investigations at LAX after normal working hours.

The Task Force has been most successful over the past few years in conducting investigations involving all types of drugs, and in seizing assets utilizing Federal civil forfeiture laws. This has been accomplished by concentrating efforts on couriers transporting drug-related monies via commercial flights departing from LAX to Miami, Florida, as well as to locations outside the United States. As of the end of Fiscal Year 1986, the Task Force was responsible for seizing a total of approximately $6.46 million in assets.

ASSET PROGRAM

The main thrust of our enforcement strategy is focused around working very closely with the state and local law enforcement agencies within the Division. The focal point of our strategy is to work ad hoc cooperative investigations with other enforcement

agencies to curtail illegal drug trafficking through asset seizures.

These cooperative efforts have resulted in a tremendous amount of assets seized during 1986 in the Division. With 7.8 percent of total DEA agent strength, we seized approximately $54 million in assets, which represents 14 percent of the agency's total asset seizures for 1986. Furthermore, the Los Angeles Division forfeited approximately $9 million, which is 33 percent of the agency's forfeiture totals for 1986.

As permitted in the Comprehensive Crime Control Act of 1984, DEA has the authority to share a portion of the seized assets with any state and/or local law enforcement agency involved with the investigation. Based on the percentage of case work done by an agency, it may receive its equitable share of the total amount of assets that are ultimately forfeited to the Government. During Fiscal Year 1986, we returned $1.8 million to Anaheim law enforcement officials, $460,000 to the Orange County Sheriff's Office, and approximately $2 million to the Los Angeles Police Department.

CONCLUSION

Mr. Chairman, we have achieved significant enforcement accomplishments. Without the close cooperation of the law enforcement authorities within the Division and elsewhere, many of these successes would not have taken place.

Thank you very much for providing me with this opportunity to appear before you today. I would be pleased to answer any questions that you or other members of the Committee might have.

TESTIMONY OF
WILLIAM R. LOGAN
U.S. CUSTOMS SERVICE
REGIONAL COMMISSIONER
SOUTHWEST REGION

BEFORE

HOUSE SELECT COMMITTEE ON
NARCOTICS ABUSE AND CONTROL
OCTOBER 31, 1986
LOS ANGELES, CALIFORNIA

CHAIRMAN RANGEL, MEMBERS OF THE SELECT COMMITTEE, AS THE REGIONAL COMMISSIONER OF CUSTOMS FOR THE SOUTHWEST, AND AS THE HEAD OF OPERATION ALLIANCE, I WELCOME THIS OPPORTUNITY TO DISCUSS CUSTOMS ROLE IN THE ENFORCEMENT OF DRUG LAWS ON THIS COUNTRY'S SOUTHWEST BORDER AND PARTICULARLY ON THE CALIFORNIA/MEXICO BORDER.

AS THE COMMITTEE KNOWS, COMMISSIONER VON RAAB HAS MADE DRUG LAW ENFORCEMENT ONE OF THE TOP PRIORITIES OF THE CUSTOMS SERVICE. IT IS HIS OPINION AND MINE THAT THE DRUG SMUGGLING THREAT INTO CALIFORNIA AND INTO OTHER SOUTHWEST BORDER STATES IS JUST AS SERIOUS TODAY AS IT WAS IN JANUARY OF THIS YEAR WHEN THIS COMMITTEE LAST VISITED THE LOS ANGELES AREA. MARIJUANA SMUGGLING CONTINUES TO BE A PROBLEM IN SOUTHERN CALIFORNIA. HEROIN SMUGGLING ALSO CONTINUES TO BE A PROBLEM, ESPECIALLY THE DEADLY MEXICAN BLACK TAR VARIETY OF HEROIN. FINALLY, THE SMUGGLING TRENDS OF THE GREATEST DRUG SCOURGE, COCAINE, ARE HORRIFIC. THE QUANTITY OF COCAINE SEIZED AT THE CALIFORNIA BORDER INCREASED 535% DURING THE FIRST EIGHT MONTHS OF THIS YEAR, COMPARED TO THE SAME PERIOD A YEAR AGO. THE TOTAL NUMBER OF POUNDS OF COCAINE SEIZED SO FAR THIS YEAR IS OVER 1900. THE FACT IS

NARCOTIC PRODUCING COUNTRIES CONTINUE TO THROW A FLOOD TIDE OF ILLEGAL DRUGS AT OUR BORDERS EACH DAY EVEN AS WE BEGIN TO UTILIZE THE NEW RESOURCES AND AUTHORITY THAT THE ADMINISTRATION AND THE CONGRESS HAVE PROVIDED TO BATTLE BACK.

ON AUGUST 14, 1986, OPERATION ALLIANCE WAS ANNOUNCED. THIS ANNOUNCEMENT WAS ACCOMPANIED BY SUBSTANTIAL STAFFING INCREASES FOR CUSTOMS ALONG THE SOUTHWEST BORDER. COMMISSIONER VON RAAB AUTHORIZED 350 ADDITIONAL POSITIONS FOR THE SOUTHWEST BORDER, OVER 100 OF THOSE FOR THE CALIFORNIA/MEXICO BORDER AREA. CUSTOMS IS PULLING OUT ALL THE STOPS TO GET THESE PEOPLE IN PLACE AS QUICKLY AS POSSIBLE. CUSTOMS HAS EVERY INTENTION OF HAVING ALL OF THESE PERSONNEL IN PLACE BY JANUARY, 1987. IN ADDITION, CONGRESS HAS JUST APPROVED A BUDGET WHICH PROVIDES 93 MORE POSITIONS FOR CUSTOMS IN SOUTHERN CALIFORNIA.

THE TRAVELING PUBLIC IS ALREADY FEELING THE IMPACT OF CUSTOMS OPERATION ALLIANCE RELATED ACTIONS. BLUE FIRE, OR CUSTOMS CONTRIBUTION TO OPERATION ALLIANCE, HAS TAKEN THE FORM OF INTENSIVE SEARCHES OF A GREAT MANY MORE CARS AND COMMERCIAL VEHICLES THAN USUAL. IT HAS CONSISTED OF MORE EXTENSIVE USE OF NEW INSPECTION TECHNOLOGY, SUCH AS FIBER OPTICS AND ULTRA SONIC RANGE FINDERS, GOOD FOR DETECTING NARCOTICS IN HOLLOW DOOR FRAMES OR TRUCK BEDS. COINCIDENT WITH BLUE FIRE'S STEPPED-UP INSPECTION SCHEDULE WILL BE THE TESTING OF AN IMPROVED ELECTRONIC LICENSE PLATE READER SYSTEM AT SAN YSIDRO NEXT MONTH. FINALLY, THE ADDITION OF MORE COCAINE TEAMS PROMISES TO YIELD EVEN GREATER NUMBERS OF SEIZURES. DOG TEAM SEIZURES OF COCAINE THUS FAR THIS YEAR ARE UP 300% OVER FISCAL YEAR 1985.

ON THE AIR SIDE IN SOUTHERN CALIFORNIA, SOME SLOTS WILL BE USED TO MAN AND MAINTAIN NEW AIR ASSETS ALREADY OPERATING OUT OF THE CUSTOMS SAN DIEGO AIR BRANCH. AIR PERSONNEL STAFFING INCREASES ARE ALSO PLANNED FOR CUSTOMS RIVERSIDE AIR FACILITY.

THE COMMITTEE SHOULD NOTE THAT CUSTOMS AIR PERSONNEL AT SAN DIEGO AND RIVERSIDE HAVE BEEN CROSS-DESIGNATED TO INVESTIGATE DRUG VIOLATORS PURSUANT TO AN AGREEMENT WITH THE DRUG ENFORCEMENT ADMINISTRATION. IT IS EXPECTED THAT MORE SUCH CROSS-DESIGNATIONS WILL TAKE PLACE AS OPERATION ALLIANCE CONTINUES TO MATURE.

OTHER RESOURCE INITIATIVES ANNOUNCED AS PART OF OPERATION ALLIANCE HAVE BORNE FRUIT IN THE FINAL DAYS OF CONGRESS. THE RECENTLY PASSED DRUG BILL AUTHORIZES THE PURCHASE OF SEVERAL AEROSTATS DESIGNED TO DETECT LOW FLYING DRUG SMUGGLING AIRCRAFT. AT LEAST ONE OF THESE WILL BE DEPLOYED IN SOUTHERN CALIFORNIA. IN ADDITION, CUSTOMS WILL SOON RECEIVE FROM THE NAVY TWO E2-C'S ENABLING US, FOR THE FIRST TIME, TO DEPLOY 360 DEGREE "LOOKDOWN" RADAR EXCLUSIVELY AGAINST AIR SMUGGLERS. THEY WILL BE SPENDING MUCH OF THEIR TIME OVER THE U.S./MEXICO BORDER AS LONG AS THE AIR THREAT FROM MEXICO PERSISTS.

CUSTOMS CONTINUES TO MAINTAIN THAT MEXICAN OVERFLIGHT PRIVILEDGES WOULD GREATLY ENHANCE OUR ABILITY TO DETECT AND CAPTURE MANY MORE AIR SMUGGLERS WHO ARE USING THE REMOTE AIR STRIPS AND SMALL TOWN AIRFIELDS IN NORTHERN MEXICO TO STAGE THIER OPERATIONS. SHORT OF GAINING THESE PRIVILEDGES, CUSTOMS HAS HAD A NEED FOR MORE COMPREHENSIVE LOW LEVEL RADAR COVERAGE ON THIS SIDE OF THE BORDER. INSTALLATION OF THE FOUR AEROSTATS OVER THE NEXT FEW YEARS WILL PROVIDE A TOUGH LINE OF DEFENSE THAT WILL MAKE EVEN THE MOST EXPERIENCED AIR SMUGGLER THINK TWICE. IN THE SHORT RUN, HOWEVER, THE 360 DEGREE RADAR OF THE E2-C AIRCRAFT SOON TO BE OPERATED IN THE SOUTHWEST WILL MAKE THINGS VERY DIFFICULT FOR AIRBORNE DRUG RUNNERS.

CUSTOMS IS ALSO TAKING AN AGGRESSIVE STANCE ON MARINE SMUGGLING OFF THE CALIFORNIA COAST. AS YOU MAY KNOW, HEAVY SEAS AND A LACK OF NATURAL GEOGRAPHIC "CHOKE POINTS" IN THE PACIFIC CREATE A MARINE ENFORCEMENT ENVIRONMENT VERY DIFFERENT FROM THAT FOUND IN SOUTH FLORIDA OR THE GULF COAST. AS A RESULT, CUSTOMS RELIES MORE ON INTELLIGENCE AND THE ELECTRONIC TAGGING DEVICES IN ITS MARINE EFFORT IN THE PACIFIC. ONCE VIOLATORS ARE KNOWN TO BE MAKING THEIR WAY BACK TO THE U.S. TERRITORIAL WATERS, CUSTOMS IS UTILIZING ITS FLOATING RADAR PLATFORMS AND P-3A ORIONS TO LOCATE AND APPREHEND THEM.

SEVERAL NEW VESSELS ARE ON THE WAY. THE COMMMISSIONER HAS APPROVED THE TESTING OF LIGHT WEIGHT KEVLAR HULL VESSELS POWERED BY TURBO DIESEL ENGINES THAT CAN EXCEED 50 KNOTS FOR USE IN THE PACIFIC ARENA.

COORDINATING THE NEW AIR SURVEILLANCE, TRACKING AND APPREHENSION ASSETS THAT ARE ALREADY HERE IN THE SOUTHERN CALIFORNIA AREA IS THE C3I CENTER NOW BASED AT MARCH AIR FORCE BASE IN RIVERSIDE, CALIFORNIA. USING NEW AUTHORITY AND FUNDING PROVIDED IN THE DRUG BILL, THE FEDERAL GOVERNMENT WILL ENHANCE THIS CENTER IN THE NEXT YEAR.

NEEDLESS TO SAY, AS A RESULT OF THESE EFFORTS, DRUG SMUGGLERS IN SOUTHERN CALIFORNIA CAN EXPECT TO RUN GREATER RISKS THAN EVER BEFORE. I SAY TO SMUGGLERS, "IF YOU STAY IN THE BUSINESS, YOU WILL PAY THE PRICE."

ADDITIONAL GOOD NEWS IN THE WAR ON DRUGS IS THE FACT THAT THE DRUG LEGISLATION SIGNED BY PRESIDENT REAGAN THIS PAST MONDAY PROVIDES CUSTOMS WITH GREATLY ENHANCED LEGAL AUTHORITY TO PUT MORE DRUG SMUGGLERS AWAY FOR LONGER PERIODS OF TIME. MOST IMPORTANTLY, THE BILL INCREASES PENALTIES FOR VIOLATION OF CUSTOMS DRUG LAWS ACROSS THE BOARD. IT PROVIDES CUSTOMS WITH GREATER AUTHORITY TO STOP DRUG SMUGGLING OPERATIVES FROM SPIRITING THEIR DRUG CASH PROFITS OUT OF THE COUNTRY. IT ENABLES CUSTOMS TO EXCHANGE VALUABLE INFORMATION WITH OFFICIALS OF OTHER COUNTRIES WHO MAY BE ABLE TO HELP IN THE DRUG WAR. IT TIGHTENS UP REPORTING REQUIREMENTS FOR BOATERS AND MAKES ILLEGAL THE AIRDROPPING OF DRUGS OR OTHER CONTRABAND FROM AIRCRAFT TO WATERBORNE ACCOMPLICES -- A FAVORITE SMUGGLING TECHNIQUE IN SOUTH FLORIDA AND THE GULF OF MEXICO.

THE COMMITTEE SHOULD REALIZE, HOWEVER, THAT CUSTOMS IS DOING MORE THAN PREPARING TO DEPLOY NEW ASSETS, HIRE NEW AGENTS AND FLEX ITS NEW LEGAL MUSCLES. CUSTOMS IS EMPLOYING TECHNIQUES THAT HAVE WORKED EFFECTIVELY IN SOUTH FLORIDA AND ARE NOW BEGINNING TO WORK IN THE SOUTHWEST. THE KEY THEME IS STATE AND LOCAL ENFORCEMENT AND PUBLIC INVOLVEMENT IN THE DRUG WAR.

SIMILAR TO THE SUCCESSFUL CUSTOMS BLUE LIGHTENING OPERATION USED IN SOUTH FLORIDA EARLY IN 1985, AND SINCE INSTITUTIONALIZED THERE, CUSTOMS OFFICIALS UNDER MY DIRECTION IN THE SOUTHWEST AND PACIFIC REGIONS ARE WORKING MORE AND MORE CLOSELY WITH STATE AND LOCAL LAW ENFORCEMENT OFFICIALS. CUSTOMS HAS AND WILL CONTINUE TO PROVIDE THESE STATE AND LOCAL OFFICIALS WITH TRAINING, EQUIPMENT SUCH AS VOICE PRIVATE RADIOS, AND ACCESS TO TACTICAL INFORMATION WHICH WILL ENABLE THEM TO PROVIDE INVALUABLE ASSISTANCE TO CUSTOMS AND OTHER FEDERAL LAW ENFORCEMENT AGENTS HOT ON THE TRAIL OF DRUG SMUGGLERS.

COMMISSIONER VON RAAB HAS RECENTLY SPENT SEVERAL WEEKS MEETING WITH SHERIFFS AND HEADS OF STATE POLICE ORGANIZATIONS FROM SAN YSIDRO TO BROWNSVILLE TO MIAMI TO THANK THEM FOR THEIR CONTRIBUTION AND ENCOURAGE THEM TO CONTINUE TAKING ADVANTAGE OF THESE NEWLY FORMED ALLIANCES.

THE REGIONAL COMMISSIONER OF CUSTOMS HOSTED THE LATEST IN A SERIES OF ANNUAL LAW ENFORCEMENT CONFERENCES FOR FEDERAL, STATE AND LOCAL LAW ENFORCEMENT AGENCY ADMINISTRATORS IN PALM SPRINGS TWO WEEKS AGO. THESE MEETINGS PROVIDE AN EXCELLENT OPPORTUNITY TO EXCHANGE POINTS OF VIEW AND COMMUNICATE AREAS OF COMMON INTEREST. COMMISSIONER VON RAAB WAS A GUEST SPEAKER AND AN ACTIVE PARTICIPANT AT THIS YEAR'S MEETING, ADDING A NEW DIMENSION TO ONE OF OUR MOST IMPORTANT INTERAGENCY INITIATIVES. ADDITIONALLY, COMMISSIONER VON RAAB ACCOMPANIED BY COLONEL JAMES ADAMS, DIRECTOR OF THE TEXAS DEPARTMENT OF PUBLIC SAFETY RECENTLY CONDUCTED MEETINGS WITH STATE AND LOCAL LAW ENFORCEMENT OFFICIALS IN EL PASO, LAREDO, MCALLEN, KINGSVILLE AND BROWNSVILLE, TEXAS FOR THE PURPOSE OF STRENGTHENING OUR DRUG INTERDICTION ALLIANCE.

AT THE SAME TIME, CUSTOMS IS REACHING OUT TO THE PUBLIC ALL ALONG THE SOUTHWEST BORDER WITH THE MESSAGE THAT "YOU CAN HELP." FOR AN ENTIRE YEAR NOW, CUSTOMS 1-800-BE-ALERT NUMBER HAS BEEN AVAILABLE TO THE PEOPLE IN FLORIDA. ON THIS LINE THEY CAN CALL IN INFORMATION, ANONYMOUSLY OR NOT, CONCERNING THEIR KNOWLWDGE OF DRUG SMUGGLING ACTIVITIES. THE ENFORCEMENT RESULTS OF THIS PROGRAM HAVE BEEN REMARKABLE. THIS PROGRAM HAS JUST BECOME OPERATIONAL IN SOUTHERN CALIFORNIA AND WILL BE NATION-WIDE IN ABOUT 30 DAYS.

FINALLY, CUSTOMS HAS RECENTLY INSTITUTED A CUSTOMS "YOU CAN HELP" SPEAKERS BUREAU IN THE SOUTHWEST AND SOUTHERN CALIFORNIA. IN THIS PROGRAM, CUSTOMS LAW ENFORCEMENT SUPERVISORY PERSONNEL ARE SPENDING A FIXED AMOUNT OF TIME SPEAKING TO PUBLIC GROUPS, SUCH AS CIVIC ORGANIZATIONS AND SCHOOL ASSEMBLIES TO POINT OUT THE TELL-TALE SIGNS OF DRUG SMUGGLING ACTIVITIES AND WHY IT IS SO IMPORTANT TO TAKE ACTION.

PUBLIC INVOLVEMENT IN THE WAR ON DRUGS IS EXTREMELY IMPORTANT FROM ANY PERSPECTIVE.

MR. CHAIRMAN, THE LEGISLATIVE SEASON HAS JUST ENDED. CUSTOMS AND OTHER FEDERAL LAW ENFORCEMENT AGENCIES ARE NOW FACED WITH GREATER RESOURCES AND GREATER AUTHORITY TO FIGHT THE DRUG MENACE THAN WE HAVE HAD IN THE RECENT PAST. I CAN ASSURE YOU THAT IN THE FEW WEEKS SINCE CONGRESS HAS ADJOURNED, AND FOR MANY MORE WEEKS TO COME, THE MIDNIGHT AND WEEKEND OIL WILL BE BURNING TO MAKE SURE THAT THE NEW AUTHORITY AND NEW RESOURCES ARE USED WISELY. AS WE GO FORWARD WITH THIS HISTORIC EFFORT, IT IS MY HOPE THAT THE AMERICAN PUBLIC WILL PARTICIPATE AND GET INVOLVED. IT MAKES A TREMENDOUS DIFFERENCE TO LAW ENFORCEMENT OFFICIALS.

ONCE AGAIN, I THANK YOU FOR HAVING THE CHANCE TO MAKE THIS PRESENTATION. I WOULD BE GLAD TO ANSWER ANY QUESTIONS YOU MAY HAVE.

US Department
of Transportation
United States
Coast Guard

Commander
Eleventh Coast Guard District

Union Bank Bldg.
400 Oceangate
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STATEMENT OF

CAPTAIN TERRY LUCAS
CHIEF OF STAFF, ELEVENTH COAST GUARD DISTRICT

TO THE

HOUSE SELECT COMMITTEE ON
NARCOTICS ABUSE AND CONTROL

OCTOBER 31, 1986

BIOGRAPHY OF

CAPTAIN TERRY LUCAS

CHIEF OF STAFF, ELEVENTH COAST GUARD DISTRICT

Captain Terry Lucas is a 1960 honor graduate of the United States Coast Guard Academy in New London, Conneticut. His first eight years of service saw him as Deck Watch Officer in United States Coast Guard Cutter CHAUTAQUA, Honolulu, Hawaii; as Executive Officer of Cutters McLANE (Aberdeen, Washington and Brownsville, Texas) and JONQUIL (Moorehead City, North Carolina) and Commanding Officer of Coast Guard Group Cape Hatteras in Buxton, North Carolina. He then attended the U. S. Navy Postgraduate School in Monterey, Californai where he earned a Masters of Science degree with distinction in Management. He has served three tours of duty at Coast Guard Headquarters in Washington, D. C. which were broken by tours of duty as Executive Officer and Commanding Officer of Cutter CHASE, Boston, Massachusetts and as the Coast Guard Liaison Officer to the Chief of Naval Operations, Washington, D. C. His most recent assignments were as Commanding Officer of Cutter JARVIS; Chief, Search and Rescue Branch of the Fourteenth Coast guard District in Honolulu, Hawaii; and Chief of Operations of the Eleventh Coast Guard District in Long Beach, California. He assumed his present duty as Chief of Staff of the Eleventh Coast Guard District in June, 1986.

He is married to the former Marjorie Ann Garrison of East St. Louis, Illinois. The Lucases have two daughters, Carole and Kristen, and reside in Huntington Beach, California.

Mr. Chairman, members of the Committee, I am Captain Terry Lucas, Chief of Staff of the Eleventh Coast Guard District. I am here today representing Rear Admiral A. Bruce Beran, the Commander of the Eleventh Coast Guard District. The Eleventh Coast Guard District, whose offices are in Long Beach, encompasses the coast of southern California from the Mexican border on the south to approximately sixty miles north of Santa Barbara, CA. Rear Admiral Beran also serves as the Pacific Region Coordinator for the Vice President's National Narcotics Border Interdiction System (NNBIS). I am pleased to appear here today before your Committee.

As you are well aware, the use of illegal drugs presents a serious threat to American society. The Coast Guard, as the primary Federal maritime law enforcement agency, has a responsibility to counter the flow of illegal drugs into the United States from the maritime region. Our resources within the Eleventh District include a two hundred ten foot Medium Endurance Cutter, a one hundred eighty foot seagoing buoy tender, nine eighty-two foot patrol boats, six forty-one foot utility boats, three thirty-two foot Ports and Waterways boats, three HU-25 Falcon jet Medium Range Search aircraft, three HH-65 Short Range Recovery helicopters, four HH-52 Short Range Recovery helicopters, and several other small boats designed for various purposes. All of these units are used in our law enforcement efforts. Additionally, Coast Guard law enforcement teams frequently deploy on board U. S. Navy ships transitting the Southern Californian and Mexican coasts.

Construction recently began at Coast Guard Base Terminal Island to provide accommodations for four new two hundred seventy foot Medium Endurance Cutters. These modern ships, whose primary duty will be law enforcement, will be phased into the Eleventh District fleet over the next several years and will be a welcome addition.

The drug smuggling threat in Southern California is much different from that found in other areas of the United States. The geography of the West Coast presents us with many problems. Large portions of the coast are remote and sparsely populated, while busy commercial harbors exist in other areas. Unlike the Caribbean, no natural "choke points" exist through which a potential smuggler must pass, and in which a Coast Guard unit may efficiently patrol. Over two thousand miles of open ocean lie between Hawaii and the mainland. We are confronted with illegal substances coming from both Central and South America to the south, and Southeast Asia to the west. Contraband encountered has included marijuana from Thailand, marijuana and cocaine from Colombia, and marijuana and heroin from Mexico. We have an ongoing effort to improve cooperative efforts with the Mexican Navy to prevent Mexican territorial waters from being used by smugglers as a safe haven. The only factor which operates in our favor to prevent the entry of illegal drugs is distance: a vessel originating from the Pacific coast of Colombia must travel over three times further than its Atlantic counterpart to reach a destination in the United States. The additional cost required for the longer trip has become less of a deterrent, however, as more successful interdiction efforts in the Caribbean have increased the cost of doing business there.

Drug smugglers' tactics have included bringing fast, small boats onto secluded beaches, using pleasure craft to blend into the enormous recreational boating fleet, secreting contraband on board large merchant ships, and hiding it

within shipping containers. There have been indications that vessels containing large amounts of drugs transit the coast over four hundred miles off-shore. These vessels then rendezvous with smaller boats which bring the contraband into the U.S.

We have found that West Coast smuggling rings are extremely well organized, tightly controlled, and well equipped. Cases have been documented, with organizations such as that headed by convicted smuggler Bruce Perlowin, in which smugglers have moved their operations to the West Coast due to their perceptions that less competition exists and the area is wide open. We are doing our best to ensure that any such movement is unsuccessful.

We are hampered, however, by a lack of intelligence on which we can base our efforts. We are unable to accurately determine the extent of the problem. Street supplies of illicit drugs remain at high levels, as levels of purity increase and prices decrease. Although Eleventh Coast Guard District units boarded over one thousand vessels during the past year, actual drugs seized have been sparce. Fruitful interdiction results mainly when our efforts have been coordinated with investigations conducted by the Drug Enforcement Administration, U.S. Customs Service, and state and local law enforcement agencies. For example, the motor vessel LINE ISLAND TRADER was brought into Long Beach in April of this year following its apprehension on the high seas with ten thousand pounds of high-grade Thai marijuana. The seizure occurred as a result of a prolonged investigation conducted by U.S. Customs. The marijuana was hidden inside empty fuel tanks, and would have been extremely difficult to discover without the prior knowledge that it was on board. Another successful case involved the container ship MERKUR BEACH in May of this year. As a result of information developed from a crewman, one hundred fifty-six pounds of cocaine were found during a search conducted by Coast Guard, Customs, and Drug Enforcement Administration personnel. The cocaine, wrapped in plastic, was hidden inside an oil tank located beneath the deck plates in the engine room. It was necessary to remove thirty bolts to gain access to the tank. Again, this contraband would probably have entered the United States if specific intelligence was not available. By expanding this type of cooperation among all the agencies involved, we will have a pronounced impact on the smuggling trade.

Toward this end, Coast Guard Special Agents are assigned to work closely with representatives of other agencies, and currently share offices with the Drug Enforcement Administration in San Diego and Santa Barbara. Coast Guard representatives are on the Organized Crime Drug Enforcement Task Forces in San Diego and Los Angeles, and we also participate in a task force involving local and county authorities in the Los Angeles area. Our involvement in this latter task force, named Operation Pacific, led to the seizure of two vessels and ten tons of marijuana in May of 1985. While under surveillance by task force personnel, the fishing vessel OCEAN JOY off-loaded its cargo of marijuana to the vessel GARY LIN alongside a bait barge within Los Angeles Harbor. The GARY LIN was seized after it continued into the harbor, and the OCEAN JOY was seized the following day. The Coast Guard cutter on scene was required to fire warning shots after the vessel refused to stop, and an outstanding damage control effort from the Navy destroyer USS KINCAID made the smugglers' attempt at scuttling futile.

Progress is also being made in other areas. Steps have been taken toward the development of a better working relationship with the Mexican authorities. Coast Guard cutters have made calls in the Mexican ports of Ensenada, La Paz, Guaymas, Puerto Vallarta, Acapulco, and Mazatlan with the specific objective of creating personal contacts with our counterparts in the Mexican Navy. Rear Admiral Beran will be meeting with commanders of West Coast Mexican Naval Zones in Acapulco and La Paz during the next month. Steps such as these have achieved results on the East Coast, and have led to seizures, by Mexican authorities, of vessels which entered Mexican waters in an attempt to evade the Coast Guard. Extended operations such as Hat Trick I and II have also projected the Coast Guard presence to the shores of countries which have been the traditional sources of illicit narcotics.

As previously mentioned, Coast Guard Tactical Law Enforcement Teams or TACLETs frequently deploy on board U.S. Navy ships. During the past fiscal year, TACLET personnel conducted over sixty boardings. Navy aircraft are frequently used, in cooperation with Coast Guard aircraft, to patrol the approaches to Southern California. A Coast Guard helicopter deployed on board the USS PIGEON during operations in the San Diego area and during an extended transit along the coast. A recently concluded operation in the San Diego area utilized a Navy small boat unit and associated equipment. This same operation included participation from U.S. Customs Service and the Immigration and Naturalization Service.

The law enforcement role of the Coast Guard Reserve has expanded significantly. Within the Eleventh District, reservists augment the active-duty law enforcement units on a frequent basis. On many occasions, reservists have been able to use law enforcement expertise gained from their civilian occupations to improve the training level of their active-duty counterparts. A Coast Guard Reserve unit has recently begun operating a Navy eighty-two foot patrol boat in the Channel Islands area, and reservists have been trained as intelligence analysts to assist in the National Narcotics Border Interdiction System Center. Additionally, we are currently discussing the use of Coast Guard reservists to augment U.S. Custom's Contraband Enforcement Teams operating in Long Beach and Los Angeles Harbor.

The Eleventh Coast Guard District is strongly committed to the prevention of smuggling of illegal drugs. I hope that our efforts will play a significant role in stopping this threat to the United States. This concludes my statement, Mr. Chairman, and I will be happy to answer any questions which you or the members of the Committee may have.

Department of Justice

STATEMENT

OF

JOHN F. SHAW

ACTING ASSOCIATE COMMISSIONER, ENFORCEMENT

U. S. IMMIGRATION & NATURALIZATION SERVICE

ON

INS' ROLE IN RESPONDING TO THE NARCOTICS THREAT

IN THE LOS ANGELES AREA

BEFORE THE

HOUSE SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

CHARLES B. RANGEL, CHAIRMAN

LOS ANGELES, CALIFORNIA

OCTOBER 31, 1986

Mr. Chairman and distinguished members of the House Select Committee on Narcotics Abuse and Control:

I am pleased to have this opportunity to appear today on behalf of the Immigration and Naturalization Service to testify on the subject of the narcotics threat in the Los Angeles area and INS' response to that threat.

As Acting Associate Commissioner for Enforcement, I shall be addressing the involvement of our Border Patrol, Investigations, and Anti-Smuggling agents throughout the United States and most particularly in southern California. As Assistant Commissioner, Investigations, with jurisdiction over agents in over 75 locations throughout the United States, Puerto Rico, the Virgin Islands, and Guam, I will focus on our current initiatives against criminal alien populations within the interior of the United States. I shall also discuss the activities of our Immigration Inspectors in interdicting narcotics violators at ports of entry to the United States.

Preface

Before I comment on our efforts, I would like to preface my remarks by making one general point I believe is crucial to this committee's understanding of INS' role in thwarting narcotics trafficking in the interior of the United States.

Narcotics control is not the primary mission of the Immigration and Naturalization Service; controlling aliens is. The large percentages of narcotics violators who are aliens squarely moves the INS into the narcotics enforcement arena, but we are only ancillary to the primary narcotics enforcement and intelligence agencies, such as the Drug Enforcement Administration, at the federal, state, and local levels. We must, therefore, defer to DEA's expertise in responding to questions posed relative to what drugs are most frequently trafficked in the Los Angeles area, where they come from, and how they are distributed. We can, however, comment on what we encounter incidental to alien apprehensions, or through our investigations of organized alien crime groups, many of which do deal in narcotics.

Narcotics Seized through INS' Efforts

During Fiscal Year 1985, in 2,410 incidents, Service officers nationwide effected the seizure of 72,472 pounds of marijuana; 371 ounces of heroin; 34.9 ounces of opium; 22,039 ounces of cocaine; 186 ounces of hashish; and, 13,290 dosage units of dangerous drugs--with a total estimated value in excess of $129.9 million. During the first eleven months of Fiscal Year 1986 (October 1985 through the end of August 1986), officers nationwide seized 79,096 pounds of marijuana; 960.8 ounces of heroin; 64 ounces of opium; 22,245 ounces of cocaine; 456 ounces of hashish; and 155,060 dosage units of other dangerous drugs--with a total estimated value of $170.4 million--in 2,995 seizures. Thus, before the end of the fiscal year, Service officers had seized more drugs than ever before in

INS history. In addition, during Fiscal Year 1985, over 12, 499 criminal aliens wanted for violations of federal and state laws, including narcotics trafficking, were apprehended by Service agents and placed under deportation proceedings. Through the end of the Third Quarter of Fiscal Year 1986, agents completed 8,878 investigations of criminal aliens--including narcotics violators--through the arrest and initiation of deportation proceedings.

The role of aliens in organized crime and drug smuggling cannot be overlooked. This has been amply documented by a variety of commissions and Congressional subcommittees, most recently the President's Commission on Organized Crime. According to a 1985 Drug Enforcement Agency report, for example, "most defendants associated with the cocaine laboratories seized in 1984 (in the United States) were Colombian nationals--mostly illegal aliens."

Additionally, we have found that most alien narcotics violators also stand in violation of other federal felony statutes, notably those relating to fraudulent identification documents, visa fraud, fraudulent immigration schemes, smuggling, or other entry violations, weapons violations, or counterfeit currency violations. Counterfeit or fraudulently-procured immigration documents which allow easy access across international boundaries, or enable the alien to quickly shed a "hot" identity, or even just permit him to conceal his illegal presence in the United States while conducting drug transactions are highly valued and viewed as necessary tools of the trade.

Agency Functions

Within our agency, narcotics enforcement can be conveniently divided by operational programs. The following observations may be made regarding each programs's efforts to assist in effective narcotics interdiction:

Inspections

At present there are approximately 67 Immigration Inspectors assigned to the Los Angeles area, who handle major entry points such as Los Angeles and Long Beach International Airports and the Port of Los Angeles. There are also about 144 Immigration Inspectors assigned to ports of entry along the southern California border.

INS Inspections, primarily at air and seaports, but also at land border ports, engages in the inspection of all foreign-arriving passengers and conveyances. Inspectors detect counterfeit or altered travel documents which are frequently used by narcotics traffickers to conceal their true identities, or point of origin, or route of travel through drug source countries. During these duties, INS inspectors also routinely alert DEA and Customs of the arrival of suspect drug traffickers and violators, who are listed in our lookout system. They also conduct border searches of arriving persons or vehicles for violations of our laws which frequently result in the discovery of illicit drugs or other contraband.

During January of this year, an alert Immigration Inspector at Los Angeles International Airport noted a nervous female United States citizen and

referred her to the U. S. Customs Service. A search disclosed the woman was body carrying 771 grams of heroin, 49 grams of cocaine, and 38 grams of marijuana. Although she presented a "clean " United States passport which did not show travel to a drug source country, she also had concealed a second United States passport which had been stamped to show travel to countries which would have alerted Customs to the possibility of narcotics trafficking.

In February 1986, INS Inspectors detected an Indonesian male in the Los Angeles International Airport transit lounge who raised their suspicions. Search revealed the alien was carrying 13 pounds of "China white" heroin of such purity that it was valued at over $20 million by DEA.

INS inspectional personnel, a number of whom have undergone specialized training in Virginia to detect terrorists, drug traffickers, and fraud perpetrators, are now training other Los Angeles inspectors. Pertinent drug trafficker profiles assist in appropriate border search of suspects, and simultaneously help assure that those individuals who are searched and found in possession of contraband drugs are not admitted to the United States, and then discovered to be violators by Customs. Such a situation results in often long and tedious deportation proceedings at which the burden of proof is on the government; whereas detection prior to admission results in parole of the alien for prosecution, and expeditious removal from the United States through exclusion proceedings.

We have also found that timely notification to INS Inspectors of the pending arrival of Coast Guard or of other official agency vessels with

drug boat crews in tow will result in parole of those aliens for the limited purpose of prosecution. Notification after the fact results in doublework for INS.

Border Patrol

At present there are 1,077 Border Patrol Agents assigned to California at three sectors: San Diego, El Centro, and Livermore.

The Border Patrol has engaged in the past in a variety of duties to assist other agencies' drug interdiction efforts, including support to a variety of ongoing federal, state, and local task forces, city patrol, roving traffic checks, fixed traffic checkpoints, and maintenance of a boat patrol to detect the penetration of our borders by waterway.

An effective means of narcotics violator detection under the primary responsibility of this division of INS is through the temporary or permanent border checkpoints (or their functional equivalent). Such checkpoints, set up on known trafficking highway routes have frequently led not only to the apprehension of illegal aliens and their smugglers, but also to the discovery of narcotics and weapons.

In the last ninety days, two massive narcotics seizures totalling nearly $72 million were made in southern California. Intelligence indicates both shipments were destined to the Los Angeles area. On August 7, 1986 , Border Patrol agents at the San Clemente, California checkpoint seized 217 kilograms (478 pounds) of cocaine valued at $15 million. The drugs were

concealed in a Toyota pick-up truck driven by a Mexican legal permanent resident alien, who was accompanied by an illegal alien woman from El Salvador, and the driver's three year old United States citizen child. On September 22, 1986, 1,285 pounds of cocaine (approximately half powder, and half "crack" or "rock" cocaine) were seized by Border Patrol agents near Campo, California. Two vehicles--one of which was a "scout" vehicle--were seized. An illegal Mexican alien and a United States citizen were arrested. The drugs were valued at about $56.6 million.

The Border Patrol's role in narcotics interdiction has been recently expanded through the signing of the memorandum of understanding with the U. S. Customs Service and with DEA, which extended Title 19 and Title 21 authorities to Border Patrol agents on a case by case basis in furtherance of their efforts under "Operation Alliance". The inauguration of "Operation Alliance" itself on August 1, 1986, which is an Administration-sponsored inter-agency border drug enforcement initiative, will also serve to broaden INS' future role in drug interdiction. ("Operation Alliance" operations have begun in Arizona, but have not yet occurred in California.)

Anti-Smuggling

Violators of the alien smuggling statutes often do not confine their efforts to one kind of illicit activity, and may well also be engaged in drug trafficking. Recent trends indicate an increase in the number of aliens, particularly women, who are carrying small amounts of narcotics such as several ounces of cocaine to help pay their smuggling fees. Two

recently completed investigations verify this trend.

On June 18, 1986, eighteen smuggled Colombian nationals were searched prior to detention at the El Centro, California Detention Facility. Five packets of cocaine, weighing 5 ounces, were found sewn into the lining of the clothes of one of the arrested females. Another 5 ounces, which had apparently been concealed in a body cavity, was found in a prophylactic located in a pair of women's underwear. The value of the 10 ounces of cocaine was set at $25,000.

On October 9, 1986, a five-month long investigation into the smuggling of Colombian nationals was completed with the arrest of the occupants of three "drop houses" in Phoenix, Arizona. At that time, 6 ounces of cocaine, valued at $20,375, was found in one of the residences. It was later confirmed that the aliens smuggled by this organization had brought the cocaine into the United States.

Close coordination of INS Anti-Smuggling personnel with other agencies in the identification and search of alien "drop houses" or staging areas has the beneficial effect in the identification of narcotics or weapons caches. Similarly, sharing of violator information contained in pertinent INS, DEA, Treasury, and other automated systems, results in increased effectiveness.

Investigations

This program is responsible for proactive efforts against criminal alien

organizations, including drug syndicates of foreign origin, and for reactive, follow-up efforts to identify convicted offenders for apprehension and removal from the United States through deportation proceedings. One critical effort recently begun is to establish a centralized notification system to investigations units when violators are prosecuted for drug violations.

In May and June 1986, a Criminal Alien Removal Program (CARP) was instituted in Los Angeles to identify alien criminal violators in the California prisons. A joint survey with prison authorities resulted in INS interviewing 913 incarcerated individuals, 279 of whom were jailed for drug-related offenses. All of these aliens were placed under deportation proceedings.

Throughout the month of August, Los Angeles INS Special Agents, who were part of the Criminal Alien Removal Program (CARP) assist team, joined with the Los Angeles Police Department in task force operations targeting 18 deportable aliens, all of whom had been arrested on narcotics violations. Four of the aliens had prior narcotics convictions.

On August 20, 1986, Los Angeles INS Special Agents assisted the Ontario Police Department with the arrest of three aliens for illegal possession of narcotics. Immigration holds were placed on two Mexican nationals and one Cuban national, all of whom had been previously identified as deportable aliens. Narcotics seized at the time of arrest included 40 grams of heroin and 80 ounces of cocaine, with a combined street value of approximately $80,000.

Investigations Resource Observations

Insights from past experiences clearly indicate the need for enhanced manpower and technical resources, as well as better cooordination of inter-agency efforts at local levels.

Narcotics trafficking and smuggling into the United States, frequently by or with the direct assistance of aliens, continues to rise significantly. In direct contrast, INS enforcement resources (with the exception of the Border Patrol) have continued to shrink. For instance, the Investigations Division has undergone a resource reduction of approximately 38% in the past 10 years--from 935 special agents in 1976 to our present level of about 690 agents, including supervisors, regional, and headquarters staff.

Attrition of agent personnel in California, particularly at the Los Angeles district, has been especially severe. Of 690 special agents, about 65 are assigned to Los Angeles and another 11 to the San Diego district. The combined total is 76, including supervisors and managers. These agents handle all investigations in southern California, and all types of immigration cases. While the investigation of criminal aliens--including narcotics violators--is among the highest of Investigations priorities, it remains only one of seven major categories of cases which we investigate.

Other resource limitations (especially lack of detention space on a day to day basis due to the priority of housing Cuban criminal aliens) have also

forced us to respond selectively to law enforcement agency requests for assistance at all levels, often declining to assume custody of aliens who have not been convicted of criminal offenses for lack of manpower or detention funds or space; or assuming custody only to release such aliens on personal recognizance while realizing the marginal likelihood that they will report for their deportation hearings.

Future Servicewide Strategies

Among present initiatives being undertaken which we hope will allow us to increase our participation and value in the national--and in the southern California--operations against drug trafficking are the following efforts:

- Continuation of training of our inspectors and agents in order to gain the necessary expertise in recognizing illicit drugs, profiling likely violators, etc. A total of 2,750 Border Patrol Agents and 150 Special Agents of the Anti-Smuggling units stationed along the southwest land border have completed DEA training to enhance drug interdiction efforts. Additional training for cross-designation with Customs is forthcoming.

- Increased emphasis within Investigations on major cases, particularly those relating to emerging ethnic crime groups such as Colombian cocaine traffickers, Chinese triad members, Japanese Yakuza members, Nigerian heroin traffickers, Haitian "crack" vendors, etc.

- Introduction of remedial legislation granting our agents general

enforcement authorities subject to the direction and control of the Attorney General. Given the present state of Bivens liabilities for agents, we consider our statutory lack of general law enforcement authority to be critical, since it has the effect of causing our agents who have not been cross-designated and who encounter other violations and effect seizures of narcotics, weapons, monies, or contraband to do so as private citizens.

Future Strategies Specifically Targeting Interior Enforcement

To better respond to this problem, INS has developed a multi-phased strategy called the Alien Criminal Apprehension Program (ACAP). This plan, in the process of being implemented, is three phased:

o Phase I consists of management and administrative improvements already underway. These include:

- Consideration to revise the existing Attorney General's guidelines for INS cooperation with other law enforcement agencies. Proposed guidelines would, for the first time, clearly emphasize a spirit of cooperation between INS and state and local law enforcement entities, and would identify those specific types of alien violators such as narcotics violators in whom INS has particular interest;

- Increased use of and integration with national automated law enforcement systems, such as NCIC and NLETS;

- Greater INS participation in joint tasks forces, particularly those targeting alien narcotics traffickers and violators;

- Efforts to facilitate early identification and processing of alien criminals at system "choke points", such as prison intake and outprocessing centers, with special emphasis on convicted felons, recidivists, etc.

o Phase II increases INS efforts through limited tactical endeavors that have modest costs and manpower commitments, such as temporary, short-term mixed-squad (INS and local and state police) operations focusing on narcotics "hot spots."

o Phase III is similar to Phase II, but increases costs and manpower commitments, and envisions multiple and simultaneous operations conducted nationally or at several major metropolitan areas throughout the United States.

Omnibus Drug Control Act of 1986

The Congress has recognized the roles aliens frequently play in drug trafficking by making important amendments to the Immigration and Nationality Act via the Omnibus Drug Control Act of 1986, just signed into law this week. This law has revised both exclusion and deportation provisions to assist in more expeditiously removing aliens who violate the Controlled Substances Act (21 U.S.C. 802); has directed the Department of Defense to assist in the provision of appropriate facilities for the

detention of alien criminals; and requires that INS respond with immediate and appropriate reaction when notified by other law enforcement agencies of the arrest of an alien for controlled substance violations.

Organized Crime Drug Enforcement Task Forces (OCDETF)

From the time of inception to the present, INS has never received any funding or resource increases for participation in the Organized Crime Drug Enforcement Task Forces (OCDETF). INS has not been a formal participant in OCDETF nationally although we have participated on an ad hoc basis where our contributions are meaningful. INS is presently negotiating a formal memorandum of understanding to enable full OCDETF participation; formal signing of the accord and commitment of agent personnel is expected in the very near future.

Other Efforts

With regard to other special interagency programs, INS is a formal participant in the Justice Department's Organized Crime Strike Forces throughout the country; is a participant in the National Narcotics Border Interdiction System (NNBIS); is a member and participant in the El Paso Intelligence Center (EPIC); is a member of the National Organized Crime Planning Council; is a member of the Law Enforcement Coordinating Committee (LECC) at the national level; and, is a participant in the South Florida narcotics interdiction initiative.

Summary

INS is not primarily a drug enforcement agency, but will not avoid active involvement in narcotic law enforcement matters where violations of the immigration laws are part and parcel of criminal activity. We trust our initiatives will continue to provide a substantial contribution to the national drug control effort, and provide a more effective deterrent to those who would violate this nation's drug and immigration control laws. Thank you.

GREATER LOS ANGELES COUNCIL ON DEAFNESS, INC.
A Coordinating Council for over 45 Member Organizations of, by and for the Deaf
616 S. Westmoreland Avenue • Los Angeles, California 90005
Telephone: Voice and TDD (213) 383-2220

October 31, 1986

Dear Committee Members,

The Greater Los Angeles Council on Deafness, Inc. (GLAD) has been in contact with the Los Angeles County Drug Abuse Administration since 1982 at which time the late Joseph Egana was the staff person assigned to develop a plan for deaf and hard of hearing residents of Los Angeles County. After Mr. Egana's death, we requested on several occasions to meet again with the administration, but to no avail.

The Los Angeles County Drug Abuse Administration has shown no sensitivity or willingness to develop a plan to provide services to the Deaf/Hearing Impaired community which is mandated by law.

Recently, a young Deaf man with a drug problem met his death unwarrantly. He requested help from the Los Angeles County Drug Abuse Office (LAC-DAO) but since the administration refused to consider Deaf and Hard of Hearing persons in their service delivery system he was denied equal access and subsequently died of a drug seizure.

On Tuesday, August 5, 1986, Alan Kaye was at the Greater Los Angeles Council on Deafness seeking information for out-patient drug counseling programs to help him with his problem. I assisted Alan in phoning since no TDD numbers were available.

He first called LAC-DAO Information and Referral at 213-624-DRUG. Alan was referred to the Rio Hondo Drug Program, Rancho Los Amigos Drug Program and Project Info. Alan called each referral program only to find that none of them offered out-patient services. Alan called LAC-DAO information and referral again only to be referred to GLAD for additional resources. Alan threw up his hands in frustration and said, "Forget it."

Alan and I had a long discussion about coping. He said, "Hearing people think Deaf are stupid and I don't want help at the expense of my dignity, and as you said, there is no help anyway."

When Alan talked to the Rancho Los Amigos Program he was advised that he would need to bring his own interpreter, friend or family member for intake screening and if accepted in the program then they would provide him with an interpreter for group meetings.

Project Info was a sensitive listener, but referred again to LAC-DAO Information and Referral.

On August 30, 1986, Alan Kaye, a twenty-six year old Deaf man died in Los Angeles of drug related symptoms. He was buried on September 7, 1986 at Mount Sinai Memorial Park in Los Angeles, California.

On September 26, 1986, I called Dr. Irma Strantz' office requesting an appointment. Rene Topalian, her assistant, advised us of the program at Rio Hondo and insisted we visit it before he would arrange an appointment with us. We visited the Rio Hondo Program on October 6, 1986 and met with John Brown, Director. The Rio Hondo Program has one bed for in-patient Deaf persons which is occupied. The Rio Hondo Program should be complimented for its sensitivity and willingness to serve the Deaf and agreed to work with GLAD for Deaf input and Deaf sensitivity.

We again called Dr. Irma Strantz' office to set up an appointment for November 6, 1986 at 3:30pm at 849 South Broadway, Eleventh Floor to discuss programmatic planning for the Deaf and Hard of Hearing.

In my last conversation with Mr. Topalian in arranging this appointment, I was cautioned that we should not have high expectations and it was implied we should be satisfied with the one in-patient bed at the Rio Hondo Program.

Well, we do not accept this line of reasoning. We are asking you to contact Dr. Irma Strantz' office and request equal justice and good faith negotiations in developing an equitable and viable program for hearing impaired citizens of Los Angeles County which is mandated by Federal and State Laws.

I thank you for your support in helping us to assure that our people are not denied services or the right of self determination.

GLADly yours,

LEO MOUTON
Deputy Director

LM/sgs
Enclosure

Table F

Prevalence of Hearing Impairment in the Civilian Noninstitutionalized Population, by Degree, for the State and Counties: California, 1981

Political Division	All Hearing Impairment	Unilateral	Bilateral		
			All	Mild-Moderate	Severe-Profound
The State	1,596,952	767,649	829,303	607,206	222,097
Counties					
Alameda	74,578	35,849	38,729	28,357	10,372
Alpine	80	39	41	30	11
Amador	1,278	614	664	486	178
Butte	9,741	4,682	5,059	3,704	1,355
Calaveras	1,437	691	746	546	200
Colusa	798	383	415	304	111
Contra Costa	44,395	21,341	23,054	16,880	6,174
Del Norte	1,278	614	664	486	178
El Dorado	5,749	2,764	2,985	2,185	800
Fresno	34,814	16,735	18,079	13,237	4,842
Glenn	1,437	691	746	546	200
Humboldt	7,346	3,531	3,815	2,793	1,022
Imperial	6,228	2,994	3,234	2,368	866
Inyo	1,278	614	664	486	178
Kern	27,148	13,050	14,098	10,323	3,775
Kings	4,951	2,380	2,571	1,882	689
Lake	2,395	1,151	1,244	911	333
Lassen	1,437	691	746	546	200
Los Angeles	503,710	242,134	261,576	191,523	70,523
Madera	4,312	2,073	2,239	1,639	600
Marin	15,011	7,216	7,795	5,708	2,087
Mariposa	798	383	415	304	111
Mendocino	4,471	2,149	2,322	1,700	622
Merced	9,103	4,376	4,727	3,461	1,266
Modoc	639	307	332	243	89
Mono	639	307	332	243	89
Monterey	19,643	9,442	10,201	7,469	2,732
Napa	6,707	3,224	3,483	2,550	933
Nevada	3,513	1,689	1,824	1,336	488
Orange	130,311	62,640	67,671	49,548	18,123

Table F - continued

County	All Hearing Impairment	Uni-lateral	Bilateral		
			All	Mild-Moderate	Severe-Profound
Placer	7,985	3,838	4,147	3,037	1,1[illegible]
Plumas	1,118	537	581	425	[illegible]
Riverside	44,874	21,571	23,303	17,0[illegible]2	6,[illegible]
Sacramento	52,859	25,409	27,450	20,0[illegible]99	7,2[illegible]
San Benito	1,757	845	912	668	2[illegible]
San Bernardino	60,205	28,940	31,265	22,892	8,3[illegible]
San Diego	125,680	60,414	65,266	47,7[illegible]7	17,4[illegible]
San Francisco	45,833	22,032	23,801	17,4[illegible]7	6,3[illegible]4
San Joaquin	23,635	11,361	12,274	8,987	3,2[illegible]7
San Luis Obispo	10,540	5,066	5,474	4,008	1,4[illegible]6
San Mateo	39,764	19,114	20,650	15,120	5,5[illegible]0
Santa Barbara	20,122	9,673	10,449	7,651	2,7[illegible]8
Santa Clara	87,353	41,990	45,363	33,214	12,14[illegible]
Santa Cruz	12,616	6,064	6,552	4,797	1,7[illegible]
Shasta	7,825	3,761	4,064	2,976	1,0[illegible]8
Sierra	208	100	108	79	[illegible]
Siskiyou	2,875	1,382	1,493	1,093	4[illegible]0
Solano	15,810	7,600	8,210	6,011	2,1[illegible]3
Sonoma	20,281	9,749	10,532	7,711	2,8[illegible]1
Stanislaus	17,886	8,598	9,288	6,801	2,4[illegible]7
Sutter	3,513	1,689	1,824	1,336	4[illegible]8
Tehama	2,555	1,228	1,327	972	3[illegible]5
Trinity	798	383	415	304	1[illegible]1
Tulare	16,608	7,983	8,625	6,315	2,3[illegible]0
Tuolumne	2,236	1,075	1,161	850	3[illegible]1
Ventura	35,772	17,196	18,576	13,601	4,975
Yolo	7,665	3,685	3,980	2,914	1,066
Yuba	3,354	1,612	1,742	1,275	467

DEPARTMENT OF HEALTH & HUMAN SERVICES
Office of the Secretary

(415) 556-8730
(415) 556-8586 (TDD)

Region IX
Office for Civil Rights
50 United Nations Plaza
San Francisco, CA 94102

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CERTIFIED MAIL-RETURN RECEIPT

October 24, 1986

Leo Mouton, Deputy Director
G.L.A.D.
616 S. Westmoreland Avenue
Los Angeles, California 90005

In response, please refer to OCR Docket Numbers 09-85-3158 and 3167.

Dear Mr. Mouton:

In response to a request by Ms. Betty Miller, we are sending you copies of settlement agreements reached between the Office for Civil Rights and the Los Angeles County Office of Alcohol Programs and the Los Angeles County Drug Abuse Program Office concerning measures each office will take to assure equal access to their programs by deaf beneficiaries.

If you have any questions about the agreements, please do not hesitate to write or call us.

Sincerely,

Virginia P. Apodaca
Regional Manager
Office for Civil Rights
Region IX

Enclosures

Settlement Agreement

In consideration of the promises and covenants contained herein, the LOS ANGELES COUNTY DRUG ABUSE PROGRAM OFFICE ("LACDAPO") and the U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE FOR CIVIL RIGHTS ("OCR") agree to resolve the administrative complaint designated OCR Docket Number 09-86-3158, in which it is alleged that services funded by LACDAPO are not accessible to deaf persons.

I.

The LOS ANGELES COUNTY DRUG ABUSE PROGRAM OFFICE agrees to continue its policies of nondiscrimination in providing equal access to its programs as required by Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §794 ("Section 504") and its implementing regulation at 45 C.F.R. Part 84.

II.

It is understood that this agreement does not constitute an admission by LACDAPO of any violation of Section 504, or of any other laws or regulations, and further that LACDAPO does not admit any liability in connection with the complaint or any of the allegations contained in the complaint.

III.

The participation of OCR and LACDAPO in this agreement is an acknowledgement that implementation of the measures enumerated in Section IV of this Agreement constitutes an appropriate resolution of this complaint. OCR agrees that it shall not take any further administrative action or institute any action in Federal or state court against LACDAPO in connection with the complaint or the allegations underlying the complaint concerning the accessibility of LACDAPO's programs to the deaf unless LACDAPO fails to comply with this agreement and enforcement proceedings are required.

IV.

LACDAPO will take the following specific actions to assure deaf beneficiaries access to its programs:

1. INTERPRETER SERVICES

   LACDAPO agrees to notify all of its contracting service providers that they are required to provide sign-language interpreter services whenever necessary for deaf beneficiaries to participate in and benefit from residential as well as outpatient recovery programs. At least annually, LACDAPO will review utilization of and/or requests for interpreter services with contracting service providers to determine if funding for interpreter services is adequate to meet the need for services.

2. TELECOMMUNICATIONS DEVICES FOR THE DEAF ("TDD's)

   LACDAPO agrees to notify all of its contracting service providers that they shall either arrange formally to participate in a TTY/TDD relay system, or acquire a TDD of their own, as appropriate.

   Any contractor providing residential services which permit residents to place or receive telephone calls must provide a TDD for the use of any deaf resident. After acquiring a TDD or making formal arrangements to participate in a TDD relay service, contracting service providers shall

-2-

list their TDD numbers in their brochures and on their stationery, in their advertising, their telephone directory listings, and in the statewide TDD directory circulated in the California deaf community. LACDAPO will provide TTY/TDD Services in its HOTLINE public information and referral Services Unit and list such access numbers in its directory and stationery.

3. RESIDENTIAL PROGRAMS

LACDAPO shall assess service needs in the deaf community and implement appropriate measures to assure that deaf persons in its service area have equal access to its residential treatment programs. Measures to assure such access may include designating appropriate residential programs in different areas of Los Angeles County as "homes" programs for the deaf, which shall have staff and counselors fluent in American Sign Language.

4. BILINGUAL SERVICES

LACDAPO will modify its contract specifications to encourage its service providers to recruit and hire staff members and counselors who are fluent in American Sign Language.

5. TIMEFRAME AND MONITORING

Within six (6) months of the date of the execution of this agreement, LACDAPO will implement the requirements of Subsections 1 through 4, above, and will submit to OCR a written report documenting the implementation of said activities. OCR reserves the right to monitor the compliance of LACDAPO with the terms of this agreement by making inspections of contracting service providers and by requiring LACDAPO to submit records and documents which OCR may deem necessary to verify compliance with this agreement by LACDAPO.

V.

Staff members of OCR's Voluntary Compliance and Outreach Division are available to provide LACDAPO with technical assistance which may be necessary to meet the requirements of this agreement.

VI.

OCR reserves the right to investigate future complaints filed against LACDAPO alleging violations of this agreement or of any statutes or regulations enforced by OCR.

VII.

This agreement may be modified by mutual agreement of the parties in writing.

VIII.

This agreement is made and entered into by the following representatives of LOS

ANTELLS COUNTY DEPARTMENT OF HEALTH SERVICES DRUG ABUSE PROGRAM OFFICE and OCR:

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

BY: Anne H. Strantz D.A.P.H. 6-20-86

OFFICE FOR CIVIL RIGHTS

BY: Regional Manager 6/30/86
Date

STATEMENT OF HON. DANIEL K. TABOR
COUNCILMAN, FIRST DISTRICT, INGLEWOOD, CA
Before
U.S. House of Representatives
Select Committee on
Narcotics Abuse and Control
Los Angeles, CA
October 31, 1986

Mr. Chairman and Honorable Committee Members:
My name is Daniel K. Tabor, I represent the First Councilmanic District in Inglewood, California, a suburb sharing common boundaries with the City of Los Angeles. Today it is my distinct pleasure to represent the Los Angeles County Black Elected Officials Network, a newly formed association of Black Elected Officals from federal, state, and local government as well as School Board and community college trustees.

Perhaps the single issue which all of us appearing before you today can agree upon is that the "drug problem" is infecting our communities and neighborhoods at an alarming rate. The recent passage of the ANTI-DRUG ABUSE ACT of 1986 occurred none too soon. Hopefully this comprehensive anti-drug legislation, when fully implemented, will provide the arsenal required to win the "war on drugs."

However, the real problem, as I see it, requires a more immediate local repsonse. The existence of drugs in our society and their effects have long been known. Now that drug use and abuse have reached epidemic levels we cannot be content to merely study the issue further and take measured steps to solve the problem.

My constituents, whom I am sure represent a cross-section of this nation's population, are exposed daily to the drug problem. Drugs can be purchased on the streets with relative ease. Our young people are being exposed to drugs through the schools. The recent case of a nine year old Los Angeles boy

sharing rock cocaine with classmates dramatizes the seriousness of the problem. Our neighborhoods are experiencing an increase in the number of rock houses being operated to peddle cocaine, the drug of choice.

The response that I'm continually hearing from those I represent is that they want to take against this menace, but aren't sure how to do so. This lack of information and direction reflects what I believe to be among the most significant gaps which impede the adequate addressing of the substance abuse problems in our communities.

As evidence by a recent anti-drug march and rally held in Inglewood which attracted more than 1,500 participants, our citizens are anxious to get involved. They want to do their part to rid their neighborhoods and schools of drugs but are not getting information regarding the available resources. Coordinating available resources and disseminating information relative to there resources is a significant need in our community.

For the most part, the average citizen is not apprised of the various treatment programs available, e.g. public versus private, outpatient versus residential. Additionally, the variety of prevention services provided by federal, state and county funds are not made available to those outside of mainstream organizations and the schools. Access to needed service known or unknown will always impact the percentage ofthose in need served. Reduced funding in Human Services only exascerbates the problem.

Some communities so heavily plagued with open street drug sales have caused people to wonder aloud if sometimes law enforcement efforts see neither the trees nor the forest. Neighborhoods become even more depressed and anti-drug community support suffers.

Further, there are entire segments of the community, such as the business sector, which are not currently being reached through available resources. A

major problem being faced by the business community is maintaining sufficient housing as the number of rock houses continues to rise. Drug dealers are taking over housing units and running illegal drug operations. Property owners are often restricted by rent control laws from evicting tenants engaging in such illegal activities. Apartment and single family income property owners must at times fight the drug dealers and the judicial system to rid a building of known or suspected drug dealers. Lack of coordinated efforts in law enforcement, the courts and public housing services are making it impossible to deal with this illegal drug activity.

Greater efforts must be exerted to coordinate information and referral services at the local level. I submit to you that no amount of funding will adequately serve the needs of the community if those who require the services most are not aware of the available resources.

The LACBEON approach is we believe a comprehensive method aimed at identifying gaps in the War on Drugs that exist in our communities. We are often the most plagued and yet more often the least serviced.

Using a community empowerment modality we have organized a White Paper Task Force of Community Knowledgeables who daily interact with drug users and drug dealers. We have solicited input from law enforcement, the courts, public health and social services, youth services education, big and small businesses and apartment and residential property owners. We have asked them to identify for us what they see as gaps or needs in their particular area of expertise. This White Paper will be put before the communtiy to solicit their input and comments. The insights of those whose lives are more intimately affected by drugs on a daily basis are often forgotten as we struggle to arrive at an expert solution to the drug problem. Our aim is to better understand, from those actually on the receiving end of available drug

programs and services, what works, and how we can better disseminate information for those who need it.

From this process we will draw legislative agendas, public policy and programs that address these deterents to our success. But most importantly, we will empower the people to act in their own interest with new knowledge and conviction. Over the next 6 months we will see the War on Drugs take on new meaning here in Los Angeles County.

Gentlemen, let me leave you with something I hope you will think about. In America does Morality or Reality prevail? What do the Rockerfellers, the Kennedys and others of the Robberbaron era have in common with today's beeper wearing, Izuzu truck driving, rock-cocaine dealing youth? We all know that substance abuse destroys the individual, the family, the communtiy and our collective futures. Is the Cocaine trade that much different than Bootlegging was in its day? In the African American community the "have nots" have found a new way to become the "haves". What alternative does society offer them?

Finally, I believe that what we often forget about the drug problem we face in America today is that none of the proposals being offered are likely to have any lasting impact as long as there remains a demand for drugs and a prevailing social tolerance of their use. The deep-seated causes that have contributed to the broader use of drugs including lack of community, disintegration of the family, moral laxity and the pressure to succeed in a materially based society must also be more closely examined within the context of a solution.

Its OUR future at stake: theirs, yours, mine, ours!

Thank you very much for your time and your concern.